07973

MARYLAND 7966

STATE DEPARTMETT OF HEALTH

CERTIFICATE OF DEATH

Reg. Dist. No. 2H3

1. PLACE OF DEATH: COUNTY Prince George MARYLAND
CITY (If outside corporate limits, write RURAL) OR TOWN (give nearest town) 15 Hyattsville
LENGTH OF STAY (in this place) 2 years
HOSPITAL OR INSTITUTION OR STREET ADDRESS 90 Hyattsville Convalescent Home

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY P.G.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Mt. Ranier 16
STREET ADDRESS (If rural, give location) 4602 29th Street 1

3. NAME OF DECEASED (Type or Print): (First) Henry (Middle) M. (Last) Bass
4. DATE OF DEATH: (Month) Aug (Day) 5 (Year) 1955

5. SEX: M
6. COLOR OR RACE: W
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): MARRIED
8. DATE OF BIRTH: 6-24-1886
9. AGE last birthday: 69 yrs. If under 1 year: Months. Days. If under 24 hrs.: Hours. Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)
10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (State or foreign country): North Carolina
12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: Rufus Bass
14. MOTHER'S MAIDEN NAME

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If year, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT AND ADDRESS: MARGARET K. BRUCKS Bass

18. MEDICAL CERTIFICATION

		INTERVAL BETWEEN ONSET AND DEATH
I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH		
331X Immediate cause	(a) Uremia	1 week
Antecedent cause(s)		
Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b)	
	(c) Cerebrovascular accident	2 yrs.
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)
PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY
(CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Oct, 1953, to Aug 5, 1955, that I last saw the deceased alive on Aug 3, 1955, and that death occurred at 1:45 A.m., from the causes and on the date stated above.

SIGNATURE (Degree or title) Peter B. Gay M.D. ADDRESS 2016 Amherst Rd. Silver Spring Md. DATE SIGNED Aug 5 1955

23. BURIAL, CREMATION, REMOVAL (Specify): CREMATION
DATE: Aug 5 1955
NAME OF CEMETERY OR CREMATORY: Cedar Hill Crematory
LOCATION (City, town, or county) (State): Suitland Maryland

DATE REC'D BY LOCAL REG.: Aug 5th 1955
REGISTRAR'S SIGNATURE: Mrs. Jas. Bevard (Deputy)
24. FUNERAL DIRECTOR: J. Don De Vol
ADDRESS: 2224 Wis. Ave Wash. 7 DC

MARGIN RESERVED FOR BINDING

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

8021

CERTIFICATE OF DEATH

07974

Reg. Dist. No. 230

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH:
COUNTY PRINCE GEORGE'S — MARYLAND
CITY (If outside corporate limits, write RURAL OR TOWN and give nearest town) X BELTSVILLE, MD
LENGTH OF STAY (in this place) 10 Yrs
HOSPITAL OR INSTITUTION OR STREET ADDRESS 08 4921 LEXINGTON AVE

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE MARYLAND — COUNTY PR. GEO.
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) BELTSVILLE MD. X
STREET ADDRESS (If rural give location) 4921 - LEXINGTON, AVE. 1

3. NAME OF DECEASED: (Type or Print) (First) BERTHA (Middle) HAZEL (Last) BEEK

4. DATE OF DEATH: (Month) AUG (Day) 3 (Year) 1955

5. SEX: FEMALE

6. COLOR OR RACE: WHITE

7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify): MARRIED

8. DATE OF BIRTH: JUNE 4 1883

9. AGE last birthday: 72 yrs. — IF UNDER 1 YEAR: Months, Days, Hours, Min. — IF UNDER 24 HRS.

10a. USUAL OCCUPATION. Give kind of work done during most of working life, even if retired): HOUSE WIFE

10b. KIND OF BUSINESS OR INDUSTRY: AT HOME

11. BIRTHPLACE (State or foreign country): ILLINOIS

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: JACOB SMITH

14. MOTHER'S MAIDEN NAME: CORTHEY CAPPER

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) NO — (If Yes, give war or dates of service) NONE

16. SOCIAL SECURITY NO.: 577-07-4146-B

17. INFORMANT & ADDRESS: MRS. ELBERTA MYERS. 4692 - NICHOLS, AVE. S.E.

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

171X

Immediate cause (a) Generalized carcinomatosis — Interval Between Onset And Death: 2 mo.

DUE TO

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. (b) Carcinoma of the cervix uteri — 2 yr.

DUE TO

(c)

11. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: — 19b. MAJOR FINDINGS OF OPERATION — 20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) — PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) — (CITY OR TOWN) — (COUNTY) — (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. — INJURY OCCURED While at Work ☐ Not While At Work ☐ — HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from June, 1953, to Aug. 3, 1955, that I last saw the deceased alive on Aug 2, 1955, and that death occurred at 11:35 P.M. from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED

K.R. Bonner M.D. 2513 Bucklodge Rd. Hyattsville, Md. 8/3/55

23. BURIAL, CREMATION, REMOVAL (Specify) — DATE THEREOF — NAME OF CEMETERY OR CREMATORY — LOCATION (City, town, or county) (State)

BURIAL — Aug. 7/1955 — Forest Lawn Cemetery — Cabin Manor, Pr. Geo. Co., Md.

DATE REC'D BY LOCAL REGISTRAR — REGISTRAR'S SIGNATURE — 24. FUNERAL DIRECTOR ADDRESS

Aug -5-1955 — John D. Smith — W.W. Cummings Co - Riverdale, MD

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 07975

8922

CERTIFICATE OF DEATH

Reg. Dist. No. 230

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15 — 10 - 50

1. PLACE OF DEATH: COUNTY Prince George's MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN X Greenbelt Md
LENGTH OF STAY (in this place) 17 years
HOSPITAL OR INSTITUTION OR STREET ADDRESS 19 R Ridge Road.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Prince Georges
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Greenbelt, Md. X
STREET ADDRESS (If rural give location) 19 R Ridge Road

3. NAME OF DECEASED: (Type or Print) (First) Phebe (Middle) Ann (Last) Best

4. DATE OF DEATH: (Month) Aug (Day) 12, (Year) 1955.

5. SEX: female | 6. COLOR OR RACE: white | 7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): married | 8. DATE OF BIRTH: May 18, 1876 | 9. AGE last birthday: 79 yrs. | IF UNDER 1 YEAR: Months / Days | IF UNDER 24 HRS.: Hours / Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife
10B. KIND OF BUSINESS OR INDUSTRY: Own Home
11. BIRTHPLACE (State or foreign country): Virginia
12. CITIZEN OF WHAT COUNTRY? U S A

13. FATHER'S NAME: John Thompson
14. MOTHER'S MAIDEN NAME: Margaret Trussell

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) no (If Yes, give war or dates of service)
16. SOCIAL SECURITY NO. none
17. INFORMANT & ADDRESS: Mrs Stella Tavenner Greenbelt Md.

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

IMMEDIATE CAUSE (A) 422.2 — 3 yrs
ANTECEDENT CAUSE (B) DUE TO Myocarditis — 10 yrs.
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. (B) DUE TO Paleuty
(C)

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19A. DATE OF OPERATION:
19B. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☐

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)
21B. PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY
21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY M.
21E. INJURY OCCURRED While at work ☐ Not while at work ☐
21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 1945 to Aug 12, 1955 that I last saw the deceased alive on Aug 12, 1955, and that death occurred at 1 P. M, from the causes and on the date stated above.

SIGNATURE Herman Hamp M. D. ADDRESS Hyattsville Md DATE SIGNED 8/12/55

23. BURIAL, CREMATION, REMOVAL (SPECIFY): Burial
DATE THEREOF: Aug 15, 1955
NAME OF CEMETERY OR CREMATORY: Union Cemetery
LOCATION (City, town, or county) (State): Leesburg Virginia.

DATE REC'D BY LOCAL REGISTRAR: 8/15/55
REGISTRAR'S SIGNATURE: John D. Smith
24. FUNERAL DIRECTOR: F. Gasch's Sons ADDRESS: Hyattsville, Maryland.

7977

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 Reg. Dist. 07976

MEDICAL EXAMINER'S CERTIFICATE OF DEATH No.

1. PLACE OF DEATH:
COUNTY Prince Georges MARYLAND
CITY (If outside corporate limits write RURAL and give nearest town) OR TOWN Cheverly
LENGTH OF STAY (In this place) Resident annd
HOSPITAL OR INSTITUTION OR STREET ADDRESS Prince Georges General Hosp

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Prince Georges
CITY (If outside corporate limits write RURAL and give nearest town) OR TOWN Mitchellville
STREET ADDRESS (If rural, give location) Route 301

3. NAME OF DECEASED: (Type or Print) (First) Thomas (Middle) Gantt (Last) Blake
4. DATE OF DEATH (Month) Aug (Day) 10 (Year) 1955
5. SEX: Male
6. COLOR OR RACE: Colored
7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Write) Married
8. DATE OF BIRTH: 2-19-1910
9. AGE Last birthday: 45 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of work life, even if retired): Farmer
10b. KIND OF BUSINESS OR INDUSTRY: Farming
11. BIRTHPLACE (State or foreign country): Maryland
12. CITIZEN OF WHAT COUNTRY? U.S.A.
13. FATHER'S NAME: Benson Blake
14. MOTHER'S MAIDEN NAME: Estella Hack
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) Yes (If Yes, give war or dates of service) WW II
16. SOCIAL SECURITY NO.: 218-12-9075
17. INFORMANT & ADDRESS: Sadie T. Blake, same address

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH: 902.1
Immediate cause (a) Compression of spinal cord
DUE TO
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last
(b) Fracture and dislocation of second
DUE TO
(c) and third cervical vertebrae

INTERVAL BETWEEN ONSET AND DEATH

II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19a. DATE OF OPERATION:
19b. MAJOR FINDING OF OPERATION:
20. AUTOPSY? Yes ☐ No ☑

21a. EXTERNAL CAUSE WAS PRIMARY ☐ or CONTRIBUTING ☐ CAUSE OF DEATH.
21b. PLACE (Home, farm, factory, OF street, office bldg., etc.) INJURY Farm
21c. (City or town) Mitchellville (County) RD (State) Md
21d. TIME (Month) (Day) (Year) (Hour) OF INJURY 8 10 55 9 A.M.
21e. INJURY OCCURRED While at work ☐ Not while at work ☐
21f. HOW DID INJURY OCCUR? Fell from a barn

22. I hereby certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☑, Inquiry ☑, and find that death resulted from: Natural causes ☐, Accident ☑, Suicide ☐, Homicide ☐, Undetermined cause ☐.

SIGNATURE Samuel J. Royal M. D.
CHIEF MEDICAL EXAMINER ☐
DEPUTY MEDICAL EXAMINER ☐
ASSISTANT MEDICAL EXAM. ☑
DATE SIGNED 8-10-55

23. BURIAL, CREMATION, REMOVAL (Specify): Burial
DATE THEREOF 8-14-1955
NAME OF CEMETERY OR CREMATORY Adams Chapel
LOCATION (City, town, or county) (State) Lothian, Md.

DATE REC'D BY LOCAL REG. 8/11/55
REGISTRAR'S SIGNATURE A.W. Hedrick, Jr.
24. FUNERAL DIRECTOR William Reese
ADDRESS 108 N. Washington St. Annapolis, Md.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information as fully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15A - 5 - 53

Item 9, FilmG186 9-8-55 et

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

07977

7978

CERTIFICATE OF DEATH

Reg. Dist. No. 242

1. PLACE OF DEATH: COUNTY Prince Georges MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Cheverly
LENGTH OF STAY (in this place) 1 mo - 22 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS Prince Georges General

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Prince Georges
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Cheltenham
STREET ADDRESS (If rural give location)

3. NAME OF DECEASED: (Type or Print) (First) Joseph (Middle) (Last) Burroughs

4. DATE OF DEATH: (Month) Aug. (Day) 18 (Year) 1955

5. SEX: M

6. COLOR OR RACE: C

7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify): M

8. DATE OF BIRTH: Aug. 23, 1891

9. AGE last birthday: 63 6/12 yrs. IF UNDER 1 YEAR: Months, Days. IF UNDER 24 HRS.: Hours, Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Farmer

10B. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Maryland

12. CITIZEN OF WHAT COUNTRY? U S A.

13. FATHER'S NAME:

14. MOTHER'S MAIDEN NAME:

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT & ADDRESS: Statistic Card

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

154 X IMMEDIATE CAUSE (A) Advanced Cancer of Rectum — INTERVAL BETWEEN ONSET AND DEATH: 8 mos.

ANTECEDENT CAUSE (S)

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. (B) DUE TO Cardiac Failure

(C)

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19A. DATE OF OPERATION:

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☐ NO ☐

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)

21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.

21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY M.

21E. INJURY OCCURRED While at work ☐ Not while at work ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 6 , 19 55 to 8/18 , 19 55, that I last saw the deceased alive on 8/18 , 19 55, and that death occurred at 7 05 P.M. from the causes and on the date stated above.

SIGNATURE James R. Goodson M.D. M.D. ADDRESS 1746 K St NW Wash D.C. DATE SIGNED 8/19/55

23. BURIAL, CREMATION, REMOVAL (SPECIFY) Removal — DATE THEREOF 8-22-55 — NAME OF CEMETERY OR CREMATORY L. B. — LOCATION (City, town, or county) (State) Prince Geo. Co. Md.

DATE REC'D BY LOCAL REGISTRAR Aug 20-55 — REGISTRAR'S SIGNATURE Carrie F. Campbell

24. FUNERAL DIRECTOR Rollins Funeral Home — ADDRESS 4339 Hartford Rd

264

VS. A15—10-53

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

07978

MARYLAND 7979

STATE DEPARTMETT OF HEALTH

CERTIFICATE OF DEATH

Reg. Dist. No. 239

1. PLACE OF DEATH: COUNTY Prince Georges — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN X Laurel — LENGTH OF STAY (in this place) 2 Months
HOSPITAL OR INSTITUTION OR STREET ADDRESS 1X Laurel Sanitarium

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland — COUNTY Montgomery X
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Kensington — Washington, D.C.
STREET ADDRESS (If rural, give location) Carroll Hall Sanitarium 41X
1241 Rockcrest Rd., Wheaton Subd.

3. NAME OF DECEASED (Type or Print): (First) ANNA (Middle) G. (Last) CARR

4. DATE OF DEATH: (Month) AUGUST (Day) 1 (Year) 1955

5. SEX: Female

6. COLOR OR RACE: White

7. SINGLE, ~~MARRIED~~, ~~WIDOWED~~, ~~DIVORCED~~, (Specify)

8. DATE OF BIRTH: 12-31-1870

9. AGE last birthday: 84 yrs.

If under 1 year: Months. Days. If under 24 hrs.: Hours. Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Artist

10b. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country): Virginia

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: John Carr

14. MOTHER'S MAIDEN NAME: Sabels -

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) Do not know (If yes, give war or dates of service)

16. SOCIAL SECURITY NO. -

17. INFORMANT AND ADDRESS: Mrs. Madeline Carr 3130 Wisconsin Ave. N.W. Washington D.C.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

3.74X

Immediate cause (a) Chronic Myocarditis — Interval Between Onset and Death: Many Years

Antecedent cause(s)

Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Chronic Endocarditis — " "

(c) General + Cerebral Arteriosclerosis — " "

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) | PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY | (CITY OR TOWN) | (COUNTY) | (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. | INJURY OCCURRED While at Work ☐ Not While At work ☐ | HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 6-1-, 1955, to 8-1-, 1955, that I last saw the deceased alive on 8-1-, 1955, and that death occurred at 2:10 P. m., from the causes and on the date stated above.

SIGNATURE (M.D. or D.O.) James P. Faude, M.D. ADDRESS Laurel Sanitarium, Laurel, Md. DATE SIGNED 8-1-1955

23. BURIAL, CREMATION, REMOVAL (Specify) Burial | DATE Aug. 3, 1955 | NAME OF CEMETERY OR CREMATORY Mt Olivet | LOCATION (City, town, or county) (State) Washington, D.C.

DATE REC'D BY LOCAL REG. Aug 1-55 | REGISTRAR'S SIGNATURE M. Brashears | 24. FUNERAL DIRECTOR Francis J. Collins | ADDRESS 3821-14 St. N.W. Wash., D.C.

MARGIN RESERVED FOR BINDING

I

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 07979

7980

CERTIFICATE OF DEATH

Reg. Dist. No. 231

1 PLACE OF DEATH: COUNTY Prince Georges MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Cheverly
LENGTH OF STAY (in this place) 1 day
HOSPITAL OR INSTITUTION OR STREET ADDRESS 77 Prince Georges Gen. Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Prince Georges
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Seat Pleasant
STREET ADDRESS (If rural give location) 11 - 67th Avenue

3 NAME OF DECEASED (Type or Print): (First) James (Middle) BENJAMIN (Last) Currhey

4. DATE OF DEATH: (Month) 8 (Day) 22 (Year) 1955

5 SEX: Male | 6 COLOR OR RACE: White | 7 SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify) Married | 8 DATE OF BIRTH FEB 8, 1870 | 9. AGE last birthday IF UNDER 1 YEAR Months IF UNDER 24 HRS. Days Hours Min. 85 yrs

10A USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): —
10B KIND OF BUSINESS OR INDUSTRY: Retired
11. BIRTHPLACE (State or foreign country): Pittsburg Penna.
12 CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: John William Currhey
14. MOTHER'S MAIDEN NAME: Katherine Simon

WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk) no (If Yes, give war or dates of service)
16. SOCIAL SECURITY NO: None
17 INFORMANT & ADDRESS: Statistic Card

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

IMMEDIATE CAUSE (A) Pyelonephritis with uremia — INTERVAL BETWEEN ONSET AND DEATH: 2 day

ANTECEDENT CAUSE (B) DUE TO

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST (C)

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH. Senile Arteriosclerosis

19A DATE OF OPERATION: none
19B. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☑

21A ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)
21B PLACE (Home, farm, factory OF INJURY street, office bldg., etc.)
21C WHERE DID INJURY OCCUR? (City or town) (County) (State)

21D TIME OF INJURY (Month) (Day) (Year) (Hour) M.
21E INJURY OCCURRED While at work ☐ Not while at work ☐
21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 8/21, 1955, to 8/22, 1955 that I last saw the deceased alive on 8/22, 1955, and that death occurred at 3 20 P. M. from the causes and on the date stated above.
SIGNATURE [illegible] M D ADDRESS 5440 Silver Hill Rd. DATE SIGNED 8/22/55

23. BURIAL, CREMATION, REMOVAL (SPECIFY) Burial | DATE THEREOF 8/25/55 | NAME OF CEMETERY OR CREMATORY Cedar Hill Cem | LOCATION (City, town, or county) Suitland Md. (State)

DATE REC'D BY LOCAL REGISTRAR 8-24-55 | REGISTRAR'S SIGNATURE Amanda Courney
24. FUNERAL DIRECTOR N. H. Chambers Co | ADDRESS Riverdale Md.

VS. A15 — 10 - 53

MARGIN RESERVED FOR BINDING

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15 9-45-15M

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

V. 8923 NW

07980

Reg. Dist. No. 232

1. PLACE OF DEATH:
County Pr Geos Co
City or town Rural Largo X
(If outside city or town limits, write RURAL and give nearest town)
How long in above place of death? 6 Yrs
Hospital, institution, or street address where death occurred:
7547 Largo Road
How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State Maryland County Pr. Geos
City or town Rural — Largo X
(If outside city or town limits, write RURAL and give nearest town)
Street No. 7547 Largo Road /
(If rural, give LOCATION)
2.(a) If veteran, name war

3.(a) FULL NAME Wm Joshua Dean

3.(b) Social Security Number

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
Male	White	Married

6.(b) Name of wife Amy Isabelle Dean
6.(c) If alive, give age 62 years

7. Birth date of deceased (mo., day, yr.) NV 8 1888

8. AGE: Years 66 | Months | Days | If less than one day ... hrs. ... min.

9. Birthplace Waldorf, Chas Co., Md. (Town, county, and state)

10. Usual occupation Tobacco Farmer

11. Industry or business Farm (Own)

FATHER 12. Name Joshua Dean
13. Birthplace

MOTHER 14. Maiden name Sarah Pickerell
15. Birthplace

16. Informant Mrs Amy Dean
Address 7547 Largo Rd SE. Wash 27 D.C.

17. Burial (Burial, cremation, or removal. Which?) Date thereof 8/31/55 (month) (day) (year)
Cemetery or crematory St. Barnabas Cemetery
Location Leland, Maryland

18. Funeral director Ritchie Bros.
Address Upper Marlboro, Maryland.

19. Aug 31 1955 (Date rec'd by registrar) John F. Darner Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Aug 28 1955 at 9:00 A.M.

21. I CERTIFY that death occurred on the date above stated, that I attended deceased from Nov 9 1954 to Aug 28 1955 and that I last saw him alive on Aug 16 1955

Immediate cause of death	DURATION
Coronary Thrombosis	Sudden
Due to Coronary insufficiency	16 Mths
Due to 422.1	
Other conditions	

(Include pregnancy within 3 months of death)

Major findings of operation Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide Date of
Where did injury occur? (City or town) (County) (State)
Injured at home, farm, industry, public place (where?)
Means of injury Injured at work?

23. SIGNATURE W. Scott Ritchie MD
M. D. or other
Address 7005 Ritchie Rd SE Wash 27 D.C. Date signed 8/28/55

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

07981

7981

CERTIFICATE OF DEATH

Reg. Dist. No. 239

1. PLACE OF DEATH: COUNTY Prince George MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) 41 Laurel
LENGTH OF STAY (in this place) 5 Dys
HOSPITAL OR INSTITUTION OR STREET ADDRESS 00

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY P. G.
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Laurel 41
STREET ADDRESS (If rural give location) 44 B. St. 1

3. NAME OF DECEASED: (Type or Print) (First) Mary (Middle) Eva (Last) Dixon

4. DATE OF DEATH: (Month) Aug (Day) 2 (Year) 1955

5. SEX: Female
6. COLOR OR RACE: Wh
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Married
8. DATE OF BIRTH: Nov 1-1887
9. AGE last birthday 67 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired: Housewife
10b. KIND OF BUSINESS OR INDUSTRY: Own Home
11. BIRTHPLACE (State or foreign country) Kent Island, Md
12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME: Leonard Jews[?]
14. MOTHER'S MAIDEN NAME: Rachel Tarpond[?]

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service) —
16. SOCIAL SECURITY No: —
17. INFORMANT & ADDRESS: Mrs Margaret Lewis 44 B. St. Laurel Md

18. MEDICAL CERTIFICATION

Interval Between Onset And Death

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH 443X

Immediate cause (a) Hypertensive Heart disease chronic myocarditis [?] — 1 yr

DUE TO

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. (b) Hypertension - Disease - arterio Sclerosis — Dys

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. —

19a. DATE OF OPERATION: —
19b. MAJOR FINDINGS OF OPERATION —
20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT SUICIDE HOMICIDE (Specify) — PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) — (COUNTY) — (STATE) —
TIME OF INJURY (Month) (Day) (Year) (Hour) m. — INJURY OCCURED While at Work ☐ Not while At Work ☐ HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 7/1, 1953, to 8/2, 1955, that I last saw the deceased alive on 8/1, 1955, and that death occurred at 9 a.m., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED
M. B. [illegible] 314 Conger[?] Av Laurel 8/3/55

23. BURIAL, CREMATION, REMOVAL (Specify) Burial
DATE THEREOF Aug 4-55
NAME OF CEMETERY OR CREMATORY Ivy Hill
LOCATION (City, town, or county) (State) Laurel Md

DATE REC'D BY LOCAL REGISTRAR Aug 4, 1955
REGISTRAR'S SIGNATURE M. Brashears
24. FUNERAL DIRECTOR Robert Donaldson ADDRESS Laurel, Md

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 07982

7982 **CERTIFICATE OF DEATH** Reg. Dist. No. 231

1. PLACE OF DEATH: COUNTY Prince Georges MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Cheverly LENGTH OF STAY (In this place) 19 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS Prince Georges Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md COUNTY P G
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Greenbelt
STREET ADDRESS (If rural give location) 33 R. Ridge Rd.

3. NAME OF DECEASED: (Type or Print) (First) Ruth (Middle) T (Last) Dixon

4. DATE OF DEATH (Month) 8 (Day) 21 (Year) 1955

5. SEX: F 6. COLOR OR RACE: W 7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Married 8. DATE OF BIRTH 10-15-01 9. AGE last birthday: 53 yrs. IF UNDER 1 YEAR: Months Days IF UNDER 24 HRS: Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife 10B. KIND OF BUSINESS OR INDUSTRY own Home 11. BIRTHPLACE (State or foreign country) south Carolina 12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: G. W. Turner 14. MOTHER'S MAIDEN NAME: Elizabeth Sims

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service) 16. SOCIAL SECURITY NO. — 17. INFORMANT & ADDRESS Floyd Lipon Greenbelt, Md

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

150X
IMMEDIATE CAUSE (A) Carcinoma of esophagus
ANTECEDENT CAUSE (S) DUE TO
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. (B) DUE TO
(C)

INTERVAL BETWEEN ONSET AND DEATH: 18 months

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19A. DATE OF OPERATION Nov. 1954 19B. MAJOR FINDINGS OF OPERATION Carcinoma of esophagus - inoperable 20. AUTOPSY? YES ☐ NO ☐

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 21B. PLACE OF INJURY (Home, farm, factory street, office bldg., etc.) 21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) M. 21E. INJURY OCCURRED While at work ☐ Not while at work ☐ 21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Nov 1954 to August 20 1955, that I last saw the deceased alive on August 20, 1955, and that death occurred at 12:15 P.M. from the causes and on the date stated above.
SIGNATURE Hans Woodek M D ADDRESS 39-C Ridge Rd, Greenbelt, Md DATE SIGNED 8-21-55

23. BURIAL, CREMATION, REMOVAL (Specify) Transportation DATE THEREOF 8/21/55 NAME OF CEMETERY OR CREMATORY Greenlawn Memorial Gardens LOCATION (City, town, or county) Spartanburg S. C. (State)

DATE REC'D BY LOCAL REGISTRAR 8/21/55 REGISTRAR'S SIGNATURE Amanda Downey 24. FUNERAL DIRECTOR F. Gracie Sons ADDRESS Hyattsville Md

MARGIN RESERVED FOR BINDING

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15 — 10 - 52

7983

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

07983

CERTIFICATE OF DEATH

Reg. Dist. No. 231

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH: COUNTY Prince Georges MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Cleverly | LENGTH OF STAY (In this place) 38 yrs
HOSPITAL OR INSTITUTION OR STREET ADDRESS Prince Georges Gen. Hosp.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md. COUNTY Prince Georges
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Mt. Rainier 16
STREET ADDRESS (If rural give location) 4026-34th Street

3. NAME OF DECEASED (Type or Print): (First) Charles (Middle) H. (Last) Donohue

4. DATE OF DEATH: (Month) 8 (Day) 6 (Year) 1955

5. SEX: male | 6. COLOR OR RACE: white | 7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Married | 8. DATE OF BIRTH: 5/5/1882 | 9. AGE last birthday: 73 yrs. | If under 1 year: Months / Days | If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Machinist | 10b. KIND OF BUSINESS OR INDUSTRY: Railroad | 11. BIRTHPLACE (State or foreign country): Washington, D.C. | 12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Unknown | 14. MOTHER'S MAIDEN NAME: Unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) | 16. SOCIAL SECURITY NO. 577-05-5656 | 17. INFORMANT: Minnie White Donohue

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Arteriosclerotic C-V disease — Interval between onset and death: 4 years

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last
(b)
(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) | PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) | (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. | INJURY OCCURRED While at Work ☐ Not While At work ☐ | HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 25 July, 1955, to 5 Aug, 1955, that I last saw the deceased alive on 5 Aug, 1955, and that death occurred at 12:22 p.m., from the causes and on the date stated above.

SIGNATURE (Degree or title) Leon L. Gallin M.D. | ADDRESS Mt Rainier Md | DATE SIGNED 6 Aug 55

23. BURIAL, CREMATION, REMOVAL (Specify) Burial | DATE THEREOF 8/8/55 | NAME OF CEMETERY OR CREMATORY Fort Lincoln | LOCATION (City, town, or county) (State) Colmar Manor, Md.

DATE REC'D BY LOCAL REG. Aug 8th 1955 | REGISTRAR'S SIGNATURE Amanda Denney 8/9/55 | 24. FUNERAL DIRECTOR Mallett Funeral Home, Inc. | ADDRESS 3200 R.I. Ave. Mt. Rainier, Md.

9227

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

10023

Reg. Dist. No., 23

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15—10-53

1 PLACE OF DEATH: COUNTY Prince Georges MARYLAND; CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Cheverly; LENGTH OF STAY (in this place) 38 my; HOSPITAL OR INSTITUTION OR STREET ADDRESS Prince Georges Gen. Hosp.

2 USUAL RESIDENCE (HOME) OF DECEASED. STATE Md. COUNTY; CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Aquasco; STREET ADDRESS (If rural give location) X 1

3. NAME OF DECEASED: (Type or Print) (First) Ambrose (Middle) Douglas (Last)

4. DATE OF DEATH: (Month) Aug. (Day) 19, (Year) 1955

5. SEX Male

6. COLOR OR RACE: Colored.

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify):

8. DATE OF BIRTH. 2-26-55

9. AGE last birthday: yrs; IF UNDER 1 YEAR Months 5 Days; IF UNDER 24 HRS. Hours Min.

10A USUAL OCCUPATION (Give kind of work done during most of working life, even if retired):

10B KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Md.

12 CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME. Nelson Woodland

14. MOTHER'S MAIDEN NAME Henrietta Douglas

15 WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.)

(If Yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17 INFORMANT & ADDRESS:

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

IMMEDIATE CAUSE 571.0 (A) Rehydration — INTERVAL BETWEEN ONSET AND DEATH 24 hr

ANTECEDENT CAUSE (S) DISEASES OR CONDITIONS IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST.

DUE TO (B) Infection diarrhea — 24 hr

DUE TO (C)

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19A. DATE OF OPERATION:

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☐ NO ☐

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)

21B. PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY

21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY M.

21E. INJURY OCCURRED While at work ☐ Not while at work ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 8/18, 19 55 to 8/19, 19 55 that I last saw the deceased alive on 8/19, 19 55, and that death occurred at 1:30 A.M. from the causes and on the date stated above.

SIGNATURE John Pulo, M D — ADDRESS 5311 Hatton St, Hyattsville Md — DATE SIGNED 8/19/55

23. BURIAL, CREMATION, REMOVAL (SPECIFY) Burial — DATE THEREOF 10/19/55 — NAME OF CEMETERY OR CREMATORY Methodist Cemetery — LOCATION (City, town, or county) Bladensburg (State) Md.

DATE REC'D BY LOCAL REGISTRAR 10/19/55 — REGISTRAR'S SIGNATURE Amanda D'Arcy

24. FUNERAL DIRECTOR — ADDRESS T. Carlton Lemon & Sons Hyattsville

7984

08959

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

Reg. Dist.

MEDICAL EXAMINER'S CERTIFICATE OF DEATH

No. 239

1. PLACE OF DEATH:
COUNTY Prince Georges — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Laurel — LENGTH OF STAY (in this place) 7 yrs
HOSPITAL OR INSTITUTION OR STREET ADDRESS adjacent to 128 - Washington Blvd

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Md — COUNTY Prince Georges
CITY (If outside corporate limits write RURAL and give nearest town) OR TOWN Laurel — 4
STREET ADDRESS (If rural, give location) 128 Washington Boulevard

3. NAME OF DECEASED: (Type or Print) (First) Sammie (Middle) C. (Last) Elam

4. DATE OF DEATH (Month) 8 (Day) 29 (Year) 1955

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Wid.

8. DATE OF BIRTH: 12-1-02

9. AGE last birthday: 52 yrs

IF UNDER 1 YEAR: Months — Days

IF UNDER 24 HRS.: Hours — Min.

10a. USUAL OCCUPATION (Give kind of work done during most of work life, even if retired): Computer

10b. KIND OF BUSINESS OR INDUSTRY: Tavern

11. BIRTHPLACE (State or foreign country): Kentucky

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Evan Elam

14. MOTHER'S MAIDEN NAME: Margaret Weaver

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) Yes (If Yes, give war or dates of service) W.W. II

16. SOCIAL SECURITY No:

17. INFORMANT & ADDRESS: Mrs. Elizabeth Hamilton -

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH.

INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) DUE TO: Hemorrhage & shock

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last (b) DUE TO: Laceration of Brain —

(c) Gunshot wound of head

II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19a. DATE OF OPERATION:

19b. MAJOR FINDING OF OPERATION:

20. AUTOPSY? Yes ☒ No ☐

21a. EXTERNAL CAUSE WAS PRIMARY ☒ or CONTRIBUTING ☐ CAUSE OF DEATH.

21b. PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY Tavern

21c. City or town: Laurel — (County): Pr. Geo — (State): Md.

21d. TIME OF INJURY (Month) 8 (Day) 29 (Year) 55 (Hour) 2:55 P.M.

21e. INJURY OCCURRED While at work ☒ Not while at work ☐

21f. HOW DID INJURY OCCUR? Gunshot wound of head -

22. I hereby certify that I took charge of the remains described above, held an Autopsy ☒, Inspection ☒, Inquiry ☒, and find that death resulted from: Natural causes ☐, Accident ☐, Suicide ☐, Homicide ☒ Undetermined cause ☐.

SIGNATURE M. D. Wm. D. Maloney (Hyattsville, Md)

CHIEF MEDICAL EXAMINER ☐
DEPUTY MEDICAL EXAMINER ☒
ASSISTANT MEDICAL EXAM. ☐

DATE SIGNED 8-29-55

23. BURIAL, CREMATION, REMOVAL (Specify): Transportation

DATE THEREOF 8/31/55

NAME OF CEMETERY OR CREMATORY Covington

LOCATION (City, town, or county) Kentucky (State)

DATE REC'D BY LOCAL REG. 8-31-55

REGISTRAR'S SIGNATURE M. Brashears

24. FUNERAL DIRECTOR F. Busch's Son

ADDRESS Hyattsville, Md

Sent to KY 9-24-55

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15A - 5 - 53

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 07984

8024 CERTIFICATE OF DEATH

Reg. Dist. No. 2-13

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: Please write the causes of death clearly and legibly.

VS. A15 8-51

1. PLACE OF DEATH:

COUNTY: Prince Georges — MARYLAND

CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: X Glenn Dale (rural)

LENGTH OF STAY (in this place): 4 mos., & 20 days

HOSPITAL OR INSTITUTION OR STREET ADDRESS: 08 Glenn Dale Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED:

STATE: D. C. COUNTY: -

CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Washington 47 X - 5

STREET ADDRESS (If rural, give location): 3032 Nash Place, S. E. ✓

3. NAME OF DECEASED: (Type or Print) (First)	(Middle)	(Last)	4. DATE OF DEATH: (Month)	(Day)	(Year)
Rachel	M.	Fairall	August	17	19 55

5. SEX:	6. COLOR OR RACE:	7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify):	8. DATE OF BIRTH:	9. AGE last birthday:	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
Male	White	Widowed	3/7/1874	81 yrs.	-	-	-	-

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired):	10b. KIND OF BUSINESS OR INDUSTRY:	11. BIRTHPLACE (State or foreign country):	12. CITIZEN OF WHAT COUNTRY?
Unknown	Unknown	Howard Co., Md.	USA

13. FATHER'S NAME:	14. MOTHER'S MAIDEN NAME:
Robert Lee Scaggs	Ann Peters

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.)	(If Yes, give war or dates of service)	16. SOCIAL SECURITY NO.:	17. INFORMANT & ADDRESS:
No	-	Unknown	Decedent

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

420.0 **Immediate cause** (a) Arteriosclerotic Heart Disease — Interval Between Onset and Death: 5 yrs

DUE TO

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last

(b)

DUE TO

00 X (c)

II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death. Pulmonary Tuberculosis 6 mo; Diabetes Mellitus 9 yrs

19a. DATE OF OPERATION:	19b. MAJOR FINDINGS OF OPERATION:	20. AUTOPSY?
		Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)	PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY	(CITY OR TOWN)	(COUNTY)	(STATE)

TIME OF INJURY (Month)	(Day)	(Year)	(Hour) M.	INJURY OCCURRED While at work ☐ Not while at work ☐	HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 3/28, 19 55, to 8/17, 19 55, that I last saw the deceased alive on 8/17, 19 55, and that death occurred at 12:25 P. m., from the causes and on the date stated above.

SIGNATURE. (DEGREE OR TITLE)	ADDRESS	DATE SIGNED
Daniel S. O. Finucane M.D.	Glenn Dale Hospital Glenn Dale, Md.	8/17/55

23. BURIAL, CREMATION REMOVAL (Specify):	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county)	(State)
Burial	Aug. 19, 1955.	Ivy Hill Cemetery	Laurel,	Md.

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
	Mol Weiss	Hewitt Donaldson	318 Talbott Ave Laurel Md.

8025

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

Reg. Dist. 07955

MEDICAL EXAMINER'S CERTIFICATE OF DEATH No. 232

1. PLACE OF DEATH:
COUNTY Prince George's MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Upper Marlboro
LENGTH OF STAY (in this place) Transit
HOSPITAL OR INSTITUTION OR STREET ADDRESS E. J. O'Brien Co. Plant

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Kentucky COUNTY Fayette
CITY (If outside corporate limits write RURAL and give nearest town) OR TOWN Lexington 55 X-3
STREET ADDRESS (If rural, give location) 457 Fenton St

3. NAME OF DECEASED: (Type or Print) (First) Lumen (Middle) (Last) Farrow

4. DATE OF DEATH (Month) 8 (Day) 1 (Year) 19 55

5. SEX: Male | 6. COLOR OR RACE: Colored | 7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Married | 8. DATE OF BIRTH: Unknown | 9. AGE Last birthday: 54 yrs | IF UNDER 1 YEAR: Months, Days | IF UNDER 24 HRS.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of work life, even if retired): Laborer | 10b. KIND OF BUSINESS OR INDUSTRY: Tobacco market | 11. BIRTHPLACE (State or foreign country): Tennessee | 12. CITIZEN OF WHAT COUNTRY? U. S. A.

13. FATHER'S NAME: Unknown

14. MOTHER'S MAIDEN NAME: Unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) | (If Yes, give war or dates of service)

16. SOCIAL SECURITY NO.: 412-10-0179

17. INFORMANT & ADDRESS: Personal Papers

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

420.1

Immediate cause (a) Coronary occlusion DUE TO

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last (b) Cardiovascular renal disease DUE TO

(c)

INTERVAL BETWEEN ONSET AND DEATH

II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19a. DATE OF OPERATION: | 19b. MAJOR FINDING OF OPERATION: | 20. AUTOPSY? Yes ☐ No ☒

21a. EXTERNAL CAUSE WAS PRIMARY ☐ or CONTRIBUTING ☐ CAUSE OF DEATH. | 21b. PLACE (Home, farm, factory, OF street, office bldg., etc., INJURY | 21c. (City or town) (County) (State)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) M. | 21e. INJURY OCCURRED While at work ☐ Not while at work ☐ | 21f. HOW DID INJURY OCCUR?

22. I hereby certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☒, Inquiry ☒, and find that death resulted from: Natural causes ☒, Accident ☐, Suicide ☐, Homicide ☐, Undetermined cause ☐.

SIGNATURE James T. Boyd M. D.

CHIEF MEDICAL EXAMINER ☐
DEPUTY MEDICAL EXAMINER ☒
ASSISTANT MEDICAL EXAM ☐

DATE SIGNED 8-1-55

23. BURIAL, CREMATION, REMOVAL (Specify): Transportation | DATE THEREOF 8/2/55 | NAME OF CEMETERY OR CREMATORY Foston Funeral Home | LOCATION (City, town, or county) (State) Clarksville Tenn.

DATE REC'D BY LOCAL REG. Aug 2 1955 | REGISTRAR'S SIGNATURE John F. Danner

24. FUNERAL DIRECTOR ADDRESS Ritchie Bros. Upper Marlboro, Md.

VS. A15A - 5 - 53

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 07[illegible]

7985

CERTIFICATE OF DEATH

Reg. Dist. No. 231

1. PLACE OF DEATH
COUNTY Prince Georges MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Cheverly Md
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS Prince Georges Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE Md COUNTY Prince Georges
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Hyattsville Md .5
STREET ADDRESS (If rural give location) 5415 Sargent Rd

3. NAME OF DECEASED (Type or Print) First: ROBERT (Middle): VICTOR (Last): FORD

4. DATE OF DEATH (Month) Aug (Day) 13, (Year) 1953

5. SEX male | 6. COLOR OR RACE white | 7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) married | 8. DATE OF BIRTH: June 16, 1925 | 9. AGE last birthday 30 yrs | IF UNDER 1 YEAR Months / Days | IF UNDER 24 HRS. Hours / Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life. Even if retired) Letter Carrier | 10B. KIND OF BUSINESS OR INDUSTRY. U.S. Government | 11. BIRTHPLACE (State or foreign country): Pa | 12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Edward Ford | 14. MOTHER'S MAIDEN NAME: Susan Dupont

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) yes | (If Yes, give war or dates of service) WW II | 16. SOCIAL SECURITY NO. 192-18-93-92 | 17. INFORMANT & ADDRESS. Hugh McVeigh - same as #2

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

420.1 IMMEDIATE CAUSE (A) acute myocardial Infarction — INTERVAL BETWEEN ONSET AND DEATH: 3 Hours

ANTECEDENT CAUSE (S)

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST (B) DUE TO Coronary occlusion — 3 Hours

(C)

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19A. DATE OF OPERATION: | 19B. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? YES ☐ NO ☑

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) | 21B. PLACE (Home, farm, factory OF INJURY street, office bldg., etc. | 21C WHERE DID INJURY OCCUR? (City or town) (County) (State)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) M | 21E INJURY OCCURRED While at work ☐ Not while at work ☐ | 21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Aug 13, 1953, to Aug 13, 1953 that I last saw the deceased alive on Aug 13, 1953, and that death occurred at 2:15 PM, from the causes and on the date stated above.

SIGNATURE Samuel J. N Sugar M D | ADDRESS Mt Rainier Md | DATE SIGNED Aug 13, 1953

23. BURIAL, CREMATION, REMOVAL (Specify) transportation | DATE THEREOF Aug 13, 1953 | NAME OF CEMETERY OR CREMATORY Gilbertsville | LOCATION (City, town, or county) Pa (State)

DATE REC'D BY LOCAL REGISTRAR 8/13/53 | REGISTRAR'S SIGNATURE Amanda Downey | FUNERAL DIRECTOR J. Gascho Sons | ADDRESS Hyattsville, Md

VS. A15—10-53

MARGIN RESERVED FOR BINDING

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly

8926

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

Reg. Dist. 07957

MEDICAL EXAMINER'S CERTIFICATE OF DEATH

No. 242

1. PLACE OF DEATH:
COUNTY Prince George's | MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Hillcrest Estates | LENGTH OF STAY (in this place) 1 yr.
HOSPITAL OR INSTITUTION OR STREET ADDRESS 5027 - 25th Avenue

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Md | COUNTY Pr. George's
CITY (If outside corporate limits write RURAL and give nearest town) OR TOWN Hillcrest Estates
STREET ADDRESS (If rural, give location) 5027 - 25th Avenue

3. NAME OF DECEASED: (Type or Print) (First) Lyons (Middle) Fontaine (Last) Fruman

4. DATE OF DEATH (Month) 8 (Day) 18 (Year) 1955

5. SEX: Male | 6. COLOR OR RACE: White | 7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Married | 8. DATE OF BIRTH: 12-25-99 | 9. AGE last birthday: 55 yrs. | IF UNDER 1 YEAR: Months, Days | IF UNDER 24 HRS.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of work life, even if retired): Clerk | 10b. KIND OF BUSINESS OR INDUSTRY: Post Office | 11. BIRTHPLACE (State or foreign country): Virginia | 12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: James Edward Fruman | 14. MOTHER'S MAIDEN NAME: Gertrude Lyons

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) | (If Yes, give war or dates of service) | 16. SOCIAL SECURITY NO.: | 17. INFORMANT & ADDRESS: Wife - Same address

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

44 X

Immediate cause (a) Acute heart failure — DUE TO

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last (b) Hypertensive Cardiovascular disease — DUE TO (c)

INTERVAL BETWEEN ONSET AND DEATH

II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19a. DATE OF OPERATION: | 19b MAJOR FINDING OF OPERATION: | 20. AUTOPSY? Yes ☐ No ☒

21a. EXTERNAL CAUSE WAS PRIMARY ☐ or CONTRIBUTING ☐ CAUSE OF DEATH. | 21b. PLACE (Home, farm, factory, OF street, office bldg., etc., INJURY | 21c. (City or town) (County) (State)

21d. TIME (Month) (Day) (Year) (Hour) OF INJURY M. | 21e. INJURY OCCURRED While at work ☐ Not while at work ☐ | 21f. HOW DID INJURY OCCUR?

22. I hereby certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☒, Inquiry ☒, and find that death resulted from: Natural causes ☒, Accident ☐, Suicide ☐, Homicide ☐, Undetermined cause ☐.

SIGNATURE John J. McInerney (Hyattsville, Md) M. D. | CHIEF MEDICAL EXAMINER ☐ DEPUTY MEDICAL EXAMINER ☒ ASSISTANT MEDICAL EXAM. ☐ | DATE SIGNED 8-18-55

23. BURIAL, CREMATION, REMOVAL (Specify) Burial | DATE THEREOF 8-22-55 | NAME OF CEMETERY OR CREMATORY Washington National | LOCATION (City, town or county) (State) Suitland Md.

DATE REC'D BY LOCAL REG. Aug 23 55 | REGISTRAR'S SIGNATURE Carrie F. Campbell | 24. FUNERAL DIRECTOR ADDRESS J. W. Tees Son - Washington D.C.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15A - 5 - 53

1 8027

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

0798 Reg. Dist.

MEDICAL EXAMINER'S CERTIFICATE OF DEATH No. 242

1. PLACE OF DEATH:
COUNTY Prince Georges — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN X Hillside
LENGTH OF STAY (In this place) 1½ mos
HOSPITAL OR INSTITUTION OR STREET ADDRESS 1402-50th Avenue

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Md COUNTY Prince Geo.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Hillside
STREET ADDRESS (If rural, give location) 1402-50th Avenue

3. NAME OF DECEASED: (Type or Print) (First) Charles (Middle) Pendelton (Last) Garner

4. DATE OF DEATH (Month) (Day) (Year) 8 - 21 - 1955

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Single

8. DATE OF BIRTH: 9-26-1892

9. AGE last birthday: 62 yrs — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of work life, even if retired): Retired

10b. KIND OF BUSINESS OR INDUSTRY: Railway Mail

11. BIRTHPLACE (State or foreign country): Dist. of Columbia

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Noah Garner

14. MOTHER'S MAIDEN NAME: Sarah Louise Weaver

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)

16. SOCIAL SECURITY NO.:

17. INFORMANT & ADDRESS: Mrs. Edw E. Garner - Same address

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

Immediate cause (a) Acute heart failure — INTERVAL BETWEEN ONSET AND DEATH

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last — DUE TO (b) Cardiovascular disease

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19a. DATE OF OPERATION:

19b. MAJOR FINDING OF OPERATION:

20. AUTOPSY? Yes ☐ No ☒

21a. EXTERNAL CAUSE WAS PRIMARY ☐ or CONTRIBUTING ☐ CAUSE OF DEATH.

21b. PLACE (Home, farm, factory, street, office bldg., etc., OF INJURY

21c. (City or town) (County) (State)

21d. TIME (Month) (Day) (Year) (Hour) OF INJURY M.

21e. INJURY OCCURRED While at work ☐ Not while at work ☐

21f. HOW DID INJURY OCCUR?

22. I hereby certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☒, Inquiry ☒, and find that death resulted from: Natural causes ☒, Accident ☐, Suicide ☐, Homicide ☐, Undetermined cause ☐.

SIGNATURE John D. Maloney (Hyattsville, Md) — M. D. — CHIEF MEDICAL EXAMINER ☐ DEPUTY MEDICAL EXAMINER ☒ ASSISTANT MEDICAL EXAM. ☐ — DATE SIGNED 8-21-55

23. BURIAL, CREMATION, REMOVAL (Specify): Removal — DATE THEREOF Aug 21 1955 — NAME OF CEMETERY OR CREMATORY 300-4th N.E. — LOCATION (City, town, or county) (State) Washington D.C.

DATE REC'D BY LOCAL REG. Aug 21 1955 — REGISTRAR'S SIGNATURE Carroll F. Campbell — **24. FUNERAL DIRECTOR** J. Wm. Lee Sons Co — ADDRESS 3004 Q St NE

VS. A15A - 5 - 53

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 07989

7986

CERTIFICATE OF DEATH

Reg. Dist. No. 23

1. PLACE OF DEATH: COUNTY Prince Georges MARYLAND; CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Cheverly; LENGTH OF STAY (In this place) 4 Days; HOSPITAL OR INSTITUTION OR STREET ADDRESS Prince Georges Hosp.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md COUNTY P.G.; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Tuxedo; STREET ADDRESS (If rural give location) 2505-57 Have

3. NAME OF DECEASED (Type or Print): (First) Gertrude (Middle) M. (Last) Gifford

4. DATE OF DEATH: (Month) 8 (Day) 16 (Year) 1955

5. SEX: F | 6. COLOR OR RACE: W | 7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify): W | 8. DATE OF BIRTH: 12-7-82 | 9. AGE last birthday: 72 yrs | IF UNDER 1 YEAR: Months, Days | IF UNDER 24 HRS: Hours, Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): At Home | 10B. KIND OF BUSINESS OR INDUSTRY: Housewife | 11. BIRTHPLACE (State or foreign country): Chicago Ill. | 12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: John D. Gibbons | 14. MOTHER'S MAIDEN NAME: Margaret Lavery

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) no | (If Yes, give war or dates of service) | 16. SOCIAL SECURITY NO. none | 17. INFORMANT & ADDRESS: Margaret G. Humphries address unknown

18. MEDICAL CERTIFICATION

		INTERVAL BETWEEN ONSET AND DEATH
I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH		
IMMEDIATE CAUSE	(A) Postmortem Myocardial Infarction due to	1 week
ANTECEDENT CAUSE (S)	(B) Coronary Arteriosclerotic Ht. Disease due to	years
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST.	(C) Diabetes Mellitus	years
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.	Bilateral Pyonephrosis.	6 months

19A. DATE OF OPERATION | 19B. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? YES [X] NO [ ]

21A. ACCIDENT WAS UNDERLYING [ ] OR CONTRIBUTING [ ] CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) | 21B. PLACE (Home, farm, factory OF INJURY street, office bldg., etc.) | 21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) M. | 21E. INJURY OCCURRED While at work [ ] Not while at work [ ] | 21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 8/16, 19 55, to 8/16, 19 55, that I last saw the deceased alive on 8/16, 19 55, and that death occurred at 8 P.M. from the causes and on the date stated above.

SIGNATURE [illegible] M.D. ADDRESS [illegible] DATE SIGNED [illegible]

23. BURIAL, CREMATION, REMOVAL (SPECIFY)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	8/20/55	Congressional Cem.	Washington, DC

DATE REC'D BY LOCAL REGISTRAR: Aug 19-55 | REGISTRAR'S SIGNATURE: Amanda Druney | 24. FUNERAL DIRECTOR & ADDRESS: Zeigler's Funeral Home, Inc. 3200-R.I. Ave. Mt. Rainier, Md.

VS. A15—10-53

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

8/22/55

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 (0799)

8723 **CERTIFICATE OF DEATH**

Reg. Dist. No. 234

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15 8-51

1. PLACE OF DEATH:
COUNTY Prince George MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN X Accokeek
LENGTH OF STAY (in this place) 24 yrs.
HOSPITAL OR INSTITUTION OR STREET ADDRESS 08

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Prince Georges
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Accokeek X
STREET ADDRESS (If rural, give location) /

3. NAME OF DECEASED: (Type or Print) (First) Nettie (Middle) Elizabeth (Last) Hazel (Mrs.)

4. DATE OF DEATH: (Month) Aug. (Day) 4 (Year) 1955

5. SEX: F

6. COLOR OR RACE: W-NS

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Widow

8. DATE OF BIRTH: 11-6-72

9. AGE last birthday: 82 yrs.
IF UNDER 1 YEAR Months Days
IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): West Virginia

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Isaac K. Baker

14. MOTHER'S MAIDEN NAME: Mary Jane Bailey

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service)

16. SOCIAL SECURITY NO.:

17. INFORMANT & ADDRESS: Mrs. Phillip Showalter (Daughter)

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

Immediate cause (a) Cardiac Decompensation — Interval Between Onset and Death: Indefinite

DUE TO

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last

(b) Senility — Indefinite

DUE TO

(c) Arteriosclerosis

II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) M.

INJURY OCCURRED While at work ☐ Not while at work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Aug. 1955, to Aug. 4, 1955, that I last saw the deceased alive on Aug. 1, 1955, and that death occurred at 1:30 m., from the causes and on the date stated above.

SIGNATURE (DEGREE OR TITLE) ADDRESS DATE SIGNED

James [illegible] Jr. Medical Dr. Accokeek Md. 8-4-55

23. BURIAL, CREMATION / REMOVAL (Specify): Burial

DATE THEREOF Aug. 6, 1955

NAME OF CEMETERY OR CREMATORY Christ Church

LOCATION (City, town, or county) (State) Accokeek Md.

DATE REC'D BY LOCAL REG. Aug. 8, 1955

REGISTRAR'S SIGNATURE Mrs. Carrie Campbell

24. FUNERAL DIRECTOR ADDRESS Adamstown Ryon Waldorf Md.

08967

MARYLAND 7987

STATE DEPARTMETT OF HEALTH

CERTIFICATE OF DEATH

Reg. Dist. No. 231

MARGIN RESERVED FOR BINDING

1. PLACE OF DEATH
COUNTY Prince Georges
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Cheverly
MARYLAND
LENGTH OF STAY (In this place) 2 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS Prince Georges General

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE Maryland
COUNTY Prince Georges
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Nalyor
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print): (First) Donald (Middle) (Last) Hankins

4. DATE OF DEATH: (Month) Aug (Day) 16 (Year) 1955

5. SEX: M

6. COLOR OR RACE: C

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): S

8. DATE OF BIRTH: Aug 15 1955

9. AGE last birthday: yrs. If Under 1 year: Months. Days 1 If under 24 hrs.: Hours 8 Min. 26

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired):

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Maryland

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Marshall Jackson

14. MOTHER'S MAIDEN NAME: Louise Hester Hankins

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown):

(If year, give war or dates of service):

16. SOCIAL SECURITY No.:

17. INFORMANT AND ADDRESS: Husband

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
020.2 Immediate cause	(a) Prematurity 8lbs birth wt	
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Congenital Syphilis	
	(c) Respiratory Collapse	

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify):

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY:

(CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.:

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Aug 15, 1955, to Aug 16, 1955, that I last saw the deceased alive on Aug 15, 1955, and that death occurred at 9:40 a.m., from the causes and on the date stated above.

SIGNATURE (Degree or title) L. H. Christensen ADDRESS College Park DATE SIGNED 8/17/55

23. BURIAL, CREMATION, REMOVAL (Specify): Cremation

DATE: 8/18/55

NAME OF CEMETERY OR CREMATORY: Prince Georges Memorial Park

LOCATION (City, town, or county) (State): Beverly Md

DATE REC'D BY LOCAL REG. 8/21/55

REGISTRAR'S SIGNATURE: Amanda Downey

24. FUNERAL DIRECTOR: Harry S Penn Jr

ADDRESS: Cheverly

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 (17401)

7989 **CERTIFICATE OF DEATH** Reg. Dist. No. 231

1. PLACE OF DEATH: COUNTY Prince Georges MARYLAND; CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) 38 Cheverly; LENGTH OF STAY (in this place) 10 Yrs.; HOSPITAL OR INSTITUTION OR STREET ADDRESS 6319 Kilmer Stree+

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Prince Georges; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Cheverly; STREET ADDRESS (If rural give location) 6319 Kilmer Street

3. NAME OF DECEASED (Type or Print): (First) Marshall (Middle) Calvin (Last) Hendricks

4. DATE OF DEATH: (Month) 8 (Day) 16 (Year) 1955

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify) Widowed

8. DATE OF BIRTH: 20 Sept 1874

9. AGE last birthday 80 yrs. IF UNDER 1 YEAR Months Days; IF UNDER 24 HRS Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life. Never if retired) Retired Supt. of Public Schools

10B. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Ala.

12. CITIZEN OF WHAT COUNTRY? U. S. A.

13. FATHER'S NAME: Joseph Hendricks

14. MOTHER'S MAIDEN NAME: Drusilla Moore

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service)

16. SOCIAL SECURITY NO. Unk.

17. INFORMANT & ADDRESS: Daughter Eula S. Hendricks Same as # 2

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

420.0

IMMEDIATE CAUSE (A) Coronary occlusion — Interval between onset and death: 10 min.

ANTECEDENT CAUSE (B) DUE TO Arteriosclerotic Heart Disease — 12 yrs

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST (C)

II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH. None

19A. DATE OF OPERATION: 19B. MAJOR FINDINGS OF OPERATION 20. AUTOPSY? YES ☐ NO ☑

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.) 21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) M 21E. INJURY OCCURRED While at work ☐ Not while at work ☐ 21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 7/1, 1955 to 8/15, 1955 that I last saw the deceased alive on 8/15, 1955, and that death occurred at 5:20 A M, from the causes and on the date stated above.

SIGNATURE John Kelso M. D. ADDRESS Cheverly Md DATE SIGNED 8/17/55

23. BURIAL, CREMATION, REMOVAL (SPECIFY) Burial; DATE THEREOF 8/18/55; NAME OF CEMETERY OR CREMATORY Mt Olivet Cemetery; LOCATION (City, town, or county) (State) Washington. D. C.

DATE REC'D BY LOCAL REGISTRAR Aug 18. 1955; REGISTRAR'S SIGNATURE Amanda Denney

24. FUNERAL DIRECTOR F. Gasch's Sons ADDRESS Hyattsville, Md.

VS. A15—10-53

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

8078

07992

MARYLAND STATE DEPARTMENT OF HEALTH

8329

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 142

1. PLACE OF DEATH: COUNTY Prince George's — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN — LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS None

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland — COUNTY Prince George's
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Suitland
STREET ADDRESS (If rural, give location) 4723 Hudson

3. NAME OF DECEASED (Type or Print): (First) Lloyd (Middle) H. (Last) Hicks

4. DATE OF DEATH: (Month) 8 (Day) 4 (Year) 1955

5. SEX: M. | 6. COLOR OR RACE: W. | 7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married | 8. DATE OF BIRTH: 12-17-1881 | 9. AGE last birthday: 74 yrs. | If under 1 year: Months, Days; If under 24 hrs.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Farmer Teacher. | 10b. KIND OF BUSINESS OR INDUSTRY: Teacher. | 11. BIRTHPLACE (State or foreign country): Marion Co. Missouri | 12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME: Willis R. Hicks | 14. MOTHER'S MAIDEN NAME: Fannie Barkhuff.

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service): No | 16. SOCIAL SECURITY NO.: 498-16-6394 | 17. INFORMANT AND ADDRESS: Mrs Florence Hicks same as above

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) 420.0 Bronchitis — 5 days

Antecedent cause(s) Disease or conditions, if any, giving rise to the above cause stating the underlying cause last
(b) Chronic Congestive Heart Failure — 5 Yrs.
(c) Arteriosclerotic Hypertensive Heart Disease. — 6 Yrs.

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Arteriosclerosis Gen. Advanced — 10 Yrs.

19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) | PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) | (CITY OR TOWN) | (COUNTY) | (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. | INJURY OCCURRED While at Work ☐ Not While At work ☐ | HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 4-9, 1951, to 8-9, 1955, that I last saw the deceased alive on 8-5, 1955, and that death occurred at 7:15 a.m., from the causes and on the date stated above.

SIGNATURE | (Degree or title) | ADDRESS | DATE SIGNED

John J. Calonca | MD | 3811 Suitland Rd S.E. Wash. 20 D.C.

23. BURIAL, CREMATION, REMOVAL (Specify) | DATE THEREOF | NAME OF CEMETERY OR CREMATORY | LOCATION (City, town, or county) | (State)

8/11/1955 | Cedar Hill | Suitland | Md

DATE REC'D BY LOCAL REG. | REGISTRAR'S SIGNATURE | 24. FUNERAL DIRECTOR | ADDRESS

Aug 9-1955 | Edna F. Collins | Robert W. Mottingly | 131-11th St. Wash. D.C.

VS. A15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 07993

7983

CERTIFICATE OF DEATH

Reg. Dist. No. 242

Items 13,14 Film G185 8-19-53 et

1 PLACE OF DEATH:

COUNTY [illegible] MARYLAND

CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) 38

LENGTH OF STAY (in this place)

HOSPITAL OR INSTITUTION OR STREET ADDRESS 77

2. USUAL RESIDENCE (HOME) OF DECEASED:

STATE Maryl d COUNTY

CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN

STREET ADDRESS (If rural give location)

3. NAME OF DECEASED (Type or Print) (First) (Middle) (Last)

4. DATE OF DEATH (Month) (Day) (Year) 13 19

5 SEX

6 COLOR OR RACE:

7 SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify):

8 DATE OF BIRTH

9. AGE last birthday yrs | IF UNDER 1 YEAR Months Days | IF UNDER 24 HRS Hours Min.

10A USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

10B KIND OF BUSINESS OR INDUSTRY: Retired

11 BIRTHPLACE (State or foreign country): Washington, D.C.

12 CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: George T. Hilson

14. MOTHER'S MAIDEN NAME: Sarah A. Truman

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk) (If Yes, give war or dates of service)

16. SOCIAL SECURITY NO

17 INFORMANT & ADDRESS.

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

420.0

IMMEDIATE CAUSE (A) Coronary occlusion — INTERVAL BETWEEN ONSET AND DEATH: 3 days

ANTECEDENT CAUSE (S)

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST.

DUE TO (B) Arteriosclerotic H.D. Vascular — Unknown

DUE TO (C)

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH. Acute pyelitis — 4 days

19A DATE OF OPERATION:

19B MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☐ NO ☐

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)

21B. PLACE (Home, farm, factory OF INJURY street, office bldg., etc

21C WHERE DID INJURY OCCUR? (City or town) (County) (State)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) M

21E INJURY OCCURRED While at work ☐ Not while at work ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 5/10, 19 53, to 5/13, 19, that I last saw the deceased alive on 5/13, 19 53 and that death occurred at [illegible] M, from the causes and on the date stated above.

SIGNATURE John K Lehr M D ADDRESS Chevy Ch Md DATE SIGNED 5/13/53

23. BURIAL, CREMATION, REMOVAL (SPECIFY) Removal DATE THEREOF 5/15/53 NAME OF CEMETERY OR CREMATORY Glen Wood LOCATION (City, town, or county) Washington D.C. (State)

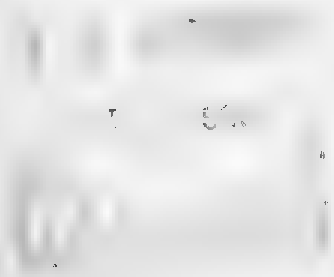
DATE REC'D BY LOCAL REGISTRAR 5/15/53 REGISTRAR'S SIGNATURE Carrie F. Campbell

24. FUNERAL DIRECTOR Lee Funeral Home ADDRESS 2004 N.S.

VS. A15—10-53

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING



MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 07994

7990

CERTIFICATE OF DEATH

Reg. Dist. No. 231

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15—10-53

1. PLACE OF DEATH: COUNTY Prince Georges; CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Cheverly; MARYLAND; LENGTH OF STAY (in this place) 2 hrs 5 min; HOSPITAL OR INSTITUTION OR STREET ADDRESS Prince Georges Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md; COUNTY P G; CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Hyattsville; STREET ADDRESS (If rural give location) 49 - 42nd Pl.

3. NAME OF DECEASED (Type or Print): (First) Dorothy (Middle) [illegible] (Last) [illegible]

4. DATE OF DEATH: (Month) 5 (Day) 7 (Year) 1955

5. SEX: F

6. COLOR OR RACE: W

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): W

8. DATE OF BIRTH: 3-10-1898

9. AGE last birthday: 57 yrs. IF UNDER 1 YEAR: Months, Days; IF UNDER 24 HRS: Hours, Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life even if retired): East Cashier

10B. KIND OF BUSINESS OR INDUSTRY: Grocery Store

11. BIRTHPLACE (State or foreign country): Washington DC

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: John E. Holden

14. MOTHER'S MAIDEN NAME: Gertrude Taylor

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT & ADDRESS: Hospital Record Cheverly Md

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

IMMEDIATE CAUSE: 422.2

(A) Myocardosis — INTERVAL BETWEEN ONSET AND DEATH: 5 yrs

ANTECEDENT CAUSE (S):

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST.

DUE TO (B)

DUE TO (C)

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19A. DATE OF OPERATION:

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☐ NO ☐

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)

21B. PLACE (Home, farm, factory OF INJURY street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) M.

21E. INJURY OCCURRED While at work ☐ Not while at work ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from [illegible] to 5-7, 1955, that I last saw the deceased alive on 5-7, 1955, and that death occurred at [illegible] M. from the causes and on the date stated above

SIGNATURE Leonard Hays, M.D. ADDRESS Hyattsville Md DATE SIGNED 5-7-55

23. BURIAL, CREMATION, REMOVAL (SPECIFY) Burial; DATE THEREOF 5/10/55; NAME OF CEMETERY OR CREMATORY Rock Creek; LOCATION (City, town, or county) Washington; (State) DC

DATE REC'D BY LOCAL REGISTRAR 5/10/55; REGISTRAR'S SIGNATURE Amanda Downey

24. FUNERAL DIRECTOR Francis Sons; ADDRESS Hyattsville Md.

Items 20, 21, 22 Film 3186 9-26- Exams

07995

MARYLAND STATE DEPARTMENT OF HEALTH

8030

CERTIFICATE OF DEATH
FOR MEDICAL EXAMINERS

Reg. Dist. No. 230

1. PLACE OF DEATH: COUNTY: Prince Georges; STATE: MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: X MORKIRK
LENGTH OF STAY (in this place):
HOSPITAL OR INSTITUTION OR STREET ADDRESS: BLUE POND

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE: D. C.; COUNTY: 47X-3
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Washington
STREET ADDRESS (If rural, give location): 1227 N. Street N.W. Apt. 5

3. NAME OF DECEASED (Type or Print)	(First)	(Middle)	(Last)	4. DATE OF DEATH (Month)	(Day)	(Year)
	James	Lee	Holsinger	August	23,	1955

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify)	8. DATE OF BIRTH	9. AGE last birthday	If under 1 year: Months	Days	If under 24 hrs.: Hours	Min.
Male	White	Single	2/21/29	26 yrs.				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Brick Layer
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Washington, D.C.
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Paul Holsinger
14. MOTHER'S MAIDEN NAME: Ruth Bodmer

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service): Yes
16. SOCIAL SECURITY NO.: Yes
17. INFORMANT (mother) 1227 N St. N.W.: Mrs. Ruth Holsinger Washington, D.C.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
517X Immediate cause	(a) Pressicility Syncope	
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Cardiac arrest	
136.8	(c) Reflex spasm of larynx	

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? Yes ☒ No ☐

21. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH.
PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY: Pond
(CITY OR TOWN): Morkirk
(COUNTY): Pr. Ge's.
(STATE): Md.

TIME OF INJURY (Month) (Day) (Year) (Hour): Aug 23-1955 4:30P.m.
INJURY OCCURRED While at work ☐ Not while at work ☒
HOW DID INJURY OCCUR? While swimming in Blue Pond

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☐, Inquiry ☐ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☐, accident ☒, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE	(Degree or title)	ADDRESS	DATE SIGNED
John J. Maloney	M.D. Dep. Med. Exam.	Hyattsville, Md.	8-24-55

23. BURIAL, CREMATION REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county)	(State)
Burial	8/27/55	Manassas	Manassas	Va

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
8-25-1955	John D Smith	W.W. CHAMBERS CO.	1400 Chapin St. Wash DC

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15A

7991

MARYLAND STATE DEPARTMENT OF HEALTH

07996

CERTIFICATE OF DEATH

FOR MEDICAL EXAMINERS

Reg. Dist. No. 242

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH: COUNTY Prince Georges MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Capital Hgts.
LENGTH OF STAY (In this place) 20 Years
HOSPITAL OR INSTITUTION OR STREET ADDRESS 5949 Southern Avenue

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Prince Georges
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Capital Hgts.
STREET ADDRESS (If rural, give location) 5949 Southern Ave.

3. NAME OF DECEASED (Type or Print): (First) Nellie (Middle) Louise (Last) Holt

4. DATE OF DEATH: (Month) August (Day) 20 (Year) 19 55

5. SEX: Female

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify) Married

8. DATE OF BIRTH: 1/26/87

9. AGE last birthday: 68 yrs. If under 1 year: Months / Days. If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): House Wife

10b. KIND OF BUSINESS OR INDUSTRY: At Home

11. BIRTHPLACE (State or foreign country): Washington, D. C.

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: John Neitzey

14. MOTHER'S MAIDEN NAME: Catherine Jones

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, No or unknown) NO (If yes, give war or dates of service)

16. SOCIAL SECURITY NO. None

17. INFORMANT: William Mc Donald 5949 Southern Ave. Capital Hgts. Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

443X

Immediate cause (a) Acute heart failure

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Hypertensive cardiovascular disease

(c)

INTERVAL BETWEEN ONSET AND DEATH

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☒

21. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH.

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY

(CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at work ☐ Not while at work ☐

HOW DID INJURY OCCUR?

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☒, Inquiry ☒ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☒, accident ☐, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE (Degree or title) ADDRESS DATE SIGNED

John J. Maloney, M.D. Dep. Med. Examiner Hyattsville Md 8-20-55

23. BURIAL, CREMATION REMOVAL (Specify) Burial

DATE THEREOF 8-23-55

NAME OF CEMETERY OR CREMATORY Cedar Hill

LOCATION (City, town, or county) (State) Suitland, Maryland

DATE REC'D BY LOCAL REG. Aug. 22-55

REGISTRAR'S SIGNATURE Carrie F. Campbell

24. FUNERAL DIRECTOR ADDRESS W.W. Chambers Co.-Riverdale, Md.

VS. A15A

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 07997

8931 CERTIFICATE OF DEATH Reg. Dist. No. 243

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15 8-51

1. PLACE OF DEATH:

COUNTY Prince Georges — MARYLAND

CITY (If outside corporate limits, write RURAL OR and give nearest town) TOWN X Glenn Dale (rural)

LENGTH OF STAY (in this place) 3 yrs., 8 mos. and 17 days

HOSPITAL OR INSTITUTION OR STREET ADDRESS 08 Glenn Dale Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED:

STATE D. C. COUNTY —

CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Washington 47 X 3

STREET ADDRESS (If rural, give location) 3253 23rd St., S. E., Apt. #11 √

3. NAME OF DECEASED: (Type or Print) (First)	(Middle)	(Last)	4. DATE OF DEATH: (Month)	(Day)	(Year)
ROBERT	W.	HOPE	8	29	19 55

5. SEX:	6. COLOR OR RACE:	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify):	8. DATE OF BIRTH:	9. AGE last birthday:	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
Male	White	Widowed	3/10/1876	79 yrs.	—	—	—	—

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired):	10b. KIND OF BUSINESS OR INDUSTRY:	11. BIRTHPLACE (State or foreign country):	12. CITIZEN OF WHAT COUNTRY?
Bldg., contractor	Unknown	Robinson Co. Texas	USA

13. FATHER'S NAME:	14. MOTHER'S MAIDEN NAME:
George W. Hope	Martha ?

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.)	16. SOCIAL SECURITY NO.: (If Yes, give war or dates of service)	17. INFORMANT & ADDRESS:
No	None	Decedent

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH: — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Cirrhosis of liver — 4 yrs.

DUE TO

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last

(b)

DUE TO

(c)

II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death. Arteriosclerosis Generalized & Heart Disease — 5 years + ; Pulmonary Tuberculosis — 3 yrs 9 mos

19a. DATE OF OPERATION:	19b. MAJOR FINDINGS OF OPERATION:	20. AUTOPSY?
		Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)	PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY	(CITY OR TOWN)	(COUNTY)	(STATE)

TIME (Month) (Day) (Year) (Hour) OF INJURY	INJURY OCCURRED While at work ☐ Not while at work ☐	HOW DID INJURY OCCUR?
M.		

22. I hereby certify that I attended the deceased from 12/12, 19 51, to 8/29, 19 55, that I last saw the deceased alive on 8/29, 19 55, and that death occurred at 8:25 P.M., from the causes and on the date stated above.

SIGNATURE Daniel Lee Pinecrne (DEGREE OR TITLE) M.D. ADDRESS Glenn Dale Hospital Glenn Dale, Md. DATE SIGNED 8/29/55

23. BURIAL, CREMATION REMOVAL (Specify):	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Removal.	8/30/55.		Baird Texas.

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
8/30/55.	[illegible]	Hysong's Funeral Home	Wash. D.C.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 07993

8032

CERTIFICATE OF DEATH

Reg. Dist. No. 242

1. PLACE OF DEATH: COUNTY PRINCE GEORGE MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: X CAMP. SPRINGS
LENGTH OF STAY (in this place): 14 yrs
HOSPITAL OR INSTITUTION OR STREET ADDRESS: 6960. ALLENTOWN. Rd.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE MARYLAND. COUNTY PRINCE GEORGE
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: CAMP SPRINGS X
STREET ADDRESS (If rural give location): 6960 ALLENTOWN. Rd.

3. NAME OF DECEASED: (Type or Print) (First) CARRIE (Middle) BELLE. (Last) INSCOE

4. DATE OF DEATH: (Month) Aug. (Day) 15th (Year) 1955

5. SEX: FEMALE

6. COLOR OR RACE: WHITE

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): MARRIED

8. DATE OF BIRTH: 6/7/1887

9. AGE last birthday: 68 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION. Give kind of work done during most of working life, even if retired: HOUSEWIFE

10b. KIND OF BUSINESS OR INDUSTRY: HOUSEWORK

11. BIRTHPLACE (State or foreign country): VIRGINIA

12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13. FATHER'S NAME: OSSIE JENKINS

14. MOTHER'S MAIDEN NAME: Sallie Ellis

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service): No. none

16. SOCIAL SECURITY NO.: none

17. INFORMANT & ADDRESS: LOUISE FOSTER 7431. ALLENTOWN. Rd CAMP. SPRING

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH
332X
Immediate cause (a) Cerebral Thrombosis
DUE TO
Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. (b) Arteriosclerosis, generalized
DUE TO
(c)

Interval Between Onset And Death

II OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify) PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. INJURY OCCURED While at Work ☐ Not While At Work ☐ HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from May 5, 1953, to Aug 16, 1955, that I last saw the deceased alive on Aug 12, 1955, and that death occurred at 4:30 AM, from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED
[illegible] M.D. 3117 Ala. Ave S.E. Wash. D.C.

23. BURIAL, CREMATION, REMOVAL (Specify): Burial
DATE THEREOF: 8/17/55
NAME OF CEMETERY OR CREMATORY: Wash. Natl.
LOCATION (City, town, or county) (State): Suitland Md.

DATE REC'D BY LOCAL REGISTRAR: 8/15/55
REGISTRAR'S SIGNATURE: Carrie F. Campbell

24. FUNERAL DIRECTOR: W W Chambers Co.
ADDRESS: 517 11th St SE DC

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15

07999

7992

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 245

1. PLACE OF DEATH: COUNTY Prince Georges — STATE MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Cheverly — LENGTH OF STAY (In this place) over 60 yrs
HOSPITAL OR INSTITUTION OR STREET ADDRESS 50

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland — COUNTY P. Geo.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Hyattsville
STREET ADDRESS (If rural, give location) Beacon Light Road 25

3. NAME OF DECEASED (Type or Print): (First) JESSIE (Middle) FRANKLIN (Last) JAMES
4. DATE OF DEATH: (Month) 8 (Day) 10 (Year) 1955
5. SEX: M
6. COLOR OR RACE: C
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)
8. DATE OF BIRTH: 9-12-1875
9. AGE last birthday: 79 yrs. — If under 1 year: Months — Days — If under 24 hrs.: Hours — Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): JANITOR - RETIRED
10b. KIND OF BUSINESS OR INDUSTRY: School
11. BIRTHPLACE (State or foreign country): VIRGINIA
12. CITIZEN OF WHAT COUNTRY: USA
13. FATHER'S NAME: Unknown
14. MOTHER'S MAIDEN NAME: Unknown
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service): no
16. SOCIAL SECURITY NO.: 220-12-3654
17. INFORMANT: James F. James Jr.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH		INTERVAL BETWEEN ONSET AND DEATH
420.1 Immediate cause	(a) Coronary Thrombosis	
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Arterio Sclerosis + Myocarditis	2 Yrs.
	(c) Nephritis + Cystitis - Prostatitis	7 yrs

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: —
19b. MAJOR FINDINGS OF OPERATION: —
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify): —
PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY: —
(CITY OR TOWN) (COUNTY) (STATE): —
TIME OF INJURY (Month) (Day) (Year) (Hour) m.: —
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 11-3, 1954, to 8-10-, 1955, that I last saw the deceased alive on 9th Aug 1955, and that death occurred at 11:00 A m., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED
Wm. H. Kelly M.D. 4506 R. I. Ave Brentwood Md 8/10/55

23. BURIAL, CREMATION, REMOVAL (Specify): Burial
DATE THEREOF: 8/14/55
NAME OF CEMETERY OR CREMATORY: Woodlawn Cem.
LOCATION (City, town or county) (State): Washington, D.C.

DATE REC'D BY LOCAL REG.: 8/10/55
REGISTRAR'S SIGNATURE: Amanda Downey
24. FUNERAL DIRECTOR: Robert G. Mc Guire
ADDRESS: 1820-9-Street N.W.

A-3265 Mrs. Jas. Sewell (Deputy)

VS. A15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 08000

CERTIFICATE OF DEATH

7993

Reg. Dist. No. 231

1 PLACE OF DEATH: COUNTY Prince Georges' MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Cheverly
LENGTH OF STAY (in this place) 4 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS Prince Georges' Gen. Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Prince Georges
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Branchville
STREET ADDRESS (If rural give location) 8919 Rhode Island Avenue

3. NAME OF DECEASED. (Type or Print) (First) Annie (Middle) W. (Last) Johnson

4. DATE OF DEATH (Month) 8 (Day) 6 (Year) 1955

5 SEX: Female | 6. COLOR OR RACE: White | 7 SINGLE, MARRIED, W.DOWED, DIVORCED. (Specify): Married | 8. DATE OF BIRTH: 6-13-97 | 9. AGE last birthday: 58 yrs | IF UNDER 1 YEAR Months | Days | IF UNDER 24 HRS Hours | Min.

10A USUAL OCCUPATION (Give kind of work done during most of working life even if retired).

10B KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country): Washington, D.C.

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Ferdinand Hofmann

14. MOTHER'S MAIDEN NAME: Annie Marie Schaefer

15 WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) | (If Yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT & ADDRESS: Statistic Card

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

464X

IMMEDIATE CAUSE (A) [illegible]

ANTECEDENT CAUSE (S)

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST

DUE TO (B) Septicemia

DUE TO (C)

INTERVAL BETWEEN ONSET AND DEATH: 4 days

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19A DATE OF OPERATION | 19B MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? YES ☐ NO ☐

21A ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) | 21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.) | 21C WHERE DID INJURY OCCUR? (City or town) (County) (State)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) M. | 21E INJURY OCCURRED While at work ☐ Not while at work ☐ | 21F HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from , 19 , to , 19 , that I last saw the deceased alive on Aug 6, 19 55, and that death occurred at 12:32 A.M. from the causes and on the date stated above.

SIGNATURE [illegible] M.D. ADDRESS [illegible] DATE SIGNED [illegible]

23 BURIAL, CREMATION, REMOVAL (SPECIFY): Burial | DATE THEREOF: 8/9/55 | NAME OF CEMETERY OR CREMATORY: Fort Lincoln | LOCATION (City, town, or county) (State): Colmar Manor, Md.

DATE REC'D BY LOCAL REGISTRAR: 8/9/55 | REGISTRAR'S SIGNATURE: Amanda [illegible]

24 FUNERAL DIRECTOR: F. Rosedale Sons | ADDRESS: Hyattsville, Md.

VS A15—10-53

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: Please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

7994

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

Reg. Dist. 08001

MEDICAL EXAMINER'S CERTIFICATE OF DEATH

No. 231

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
COUNTY Prince Georges — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Bladensburg
LENGTH OF STAY (in this place) 3 yrs
HOSPITAL OR INSTITUTION OR STREET ADDRESS 3509 - 55th Ave

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Md — COUNTY Pr. Geo
CITY (If outside corporate limits write RURAL and give nearest town) OR TOWN Bladensburg
STREET ADDRESS (If rural, give location) 3509 - 55th Ave

3. NAME OF DECEASED: (Type or Print) (First) John (Middle) Ingalls (Last) Johnson

4. DATE OF DEATH (Month) 8 (Day) 15 (Year) 1955

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify): Married

8. DATE OF BIRTH: 11-17-1886

9. AGE last birthday: 68 yrs.
IF UNDER 1 YEAR: Months — Days
IF UNDER 24 HRS.: Hours — Min.

10a. USUAL OCCUPATION (Give kind of work done during most of work life even if retired): Clerk (Retired)

10b. KIND OF BUSINESS OR INDUSTRY: U.S. Govt.

11. BIRTHPLACE (State or foreign country): Washington, D.C.

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Unknown

14. MOTHER'S MAIDEN NAME: Unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)

16. SOCIAL SECURITY NO.:

17. INFORMANT & ADDRESS: Friend. Mrs. Mary Gray - Same address

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

443 X

Immediate cause (a) ... DUE TO Acute congestive heart failure

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last (b) ... DUE TO Cardiovascular renal disease (c)

INTERVAL BETWEEN ONSET AND DEATH

II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19a. DATE OF OPERATION:

19b. MAJOR FINDING OF OPERATION:

20. AUTOPSY? Yes ☐ No ☒

21a. EXTERNAL CAUSE WAS PRIMARY ☐ or CONTRIBUTING ☐ CAUSE OF DEATH.

21b. PLACE (Home, farm, factory, OF street, office bldg., etc., INJURY

21c. (City or town) (County) (State)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) M.

21e. INJURY OCCURRED While at work ☐ Not while at work ☐

21f. HOW DID INJURY OCCUR?

22. I hereby certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☒, Inquiry ☒, and find that death resulted from: Natural causes ☒, Accident ☐, Suicide ☐, Homicide ☐, Undetermined cause ☐.

SIGNATURE John J. Maloney (Hyattsville, Md) M. D.

CHIEF MEDICAL EXAMINER ☐
DEPUTY MEDICAL EXAMINER ☒
ASSISTANT MEDICAL EXAM. ☐

DATE SIGNED 8-15-55

23. BURIAL, CREMATION, REMOVAL (Specify): Burial

DATE THEREOF 8/18/55

NAME OF CEMETERY OR CREMATORY Fort Lincoln Cem.

LOCATION (City, town, or county) (State) Colmar Manor, Md.

DATE REC'D BY LOCAL REG. Aug 18 1955

REGISTRAR'S SIGNATURE Amanda Downey

24. FUNERAL DIRECTOR Malley's Funeral Home, Inc.

ADDRESS 3200 - R. I. Ave., Mt. Rainier, Md.

VS. A15A - 5 - 53

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 08002

7995 **CERTIFICATE OF DEATH** Reg. Dist. No. 231

1. PLACE OF DEATH: COUNTY Prince Georges MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) 38 Cheverly LENGTH OF STAY (in this place) 4 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS 77 Prince Georges General

2. USUAL RESIDENCE (HOME) OF DECEASED STATE Maryland COUNTY Prince Georges
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Upper Marlboro X
STREET ADDRESS (If rural give location) Rt 2 Box 37B

3. NAME OF DECEASED: (Type or Print) (First) Jones (Middle) Baby (Last) Girl

4. DATE OF DEATH: (Month) Aug (Day) 9 (Year) 1955

5. SEX F | 6. COLOR OR RACE: C | 7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify): - | 8. DATE OF BIRTH Aug 5, 1955 | 9. AGE last birthday: yrs | IF UNDER 1 YEAR: Months | Days 3 | IF UNDER 24 HRS: Hours 23 | Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired):

10B. KIND OF BUSINESS OR INDUSTRY.

11. BIRTHPLACE (State or foreign country): Maryland

12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME: Theodore Smith

14. MOTHER'S MAIDEN NAME. Barbara Jean Jones

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) | (If Yes, give war or dates of service)

16. SOCIAL SECURITY No.

17. INFORMANT & ADDRESS: Mother

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

7.9.0 IMMEDIATE CAUSE (A) Intracranial Hemorrhage Subdural

ANTECEDENT CAUSE (S) DUE TO

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. (B) Maternal Pyelitis & Toxemia DUE TO

(C)

INTERVAL BETWEEN ONSET AND DEATH

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19A. DATE OF OPERATION: | 19B. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? YES ☐ NO ☐

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER NOTIFY MEDICAL EXAMINER) | 21B. PLACE (Home, farm, factory OF INJURY street, office bldg., etc.) | 21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) M. | 21E. (INJURY OCCURRED While at work ☐ Not while at work ☐) | 21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Aug 5, 1955, to Aug 9, 1955, that I last saw the deceased alive on , 19 , and that death occurred at 9:35 A.M. from the causes and on the date stated above.

SIGNATURE Amanda Chenault M.D ADDRESS College Park DATE SIGNED 8/9/55

23. BURIAL, CREMATION, REMOVAL (SPECIFY) Burial | DATE THEREOF 8-10-55 | NAME OF CEMETERY OR CREMATORY Mossy | LOCATION (City, town, or county) (State) Annapolis Md

DATE REC'D BY LOCAL REGISTRAR 8/10/55 | REGISTRAR'S SIGNATURE Amanda Downey

24. FUNERAL DIRECTOR Rollin Sumwalt Home ADDRESS 4339 Hunt Pl. 42

20-5[illegible]1374

VS. A15—10-53

MARGIN RESERVED FOR BINDING

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

08003

2411 N. Charles Street, Baltimore

! 8033

CERTIFICATE OF DEATH

Reg. Dist. No. 230

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15

1. PLACE OF DEATH: COUNTY Prince George's — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Beltsville — LENGTH OF STAY (In this place) 1 year
HOSPITAL OR INSTITUTION OR STREET ADDRESS 4905 Hartford Ave

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland — COUNTY Prince George's
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Beltsville
STREET ADDRESS 4905 Hartford Ave (If rural, give location)

3. NAME OF DECEASED (Type or Print): (First) Boston (Middle) Morton (Last) Kelly
4. DATE OF DEATH: (Month) Aug (Day) 13 (Year) 1955
5. SEX: Male
6. ~~COLOR OR~~ RACE: White
7. ~~SINGLE~~, MARRIED, ~~WIDOWED, DIVORCED~~ (Specify): Married
8. DATE OF BIRTH: Oct 8, 1883
9. AGE last birthday: 71 yrs. If under 1 year: Months / Days; If under 24 hrs.: Hours / Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Insurance Broker
10b. KIND OF BUSINESS OR INDUSTRY: Insurance
11. BIRTHPLACE (State or foreign country): Morton's Gap Ky
12. CITIZEN OF WHAT COUNTRY: U.S.A.
13. FATHER'S NAME: Jno Kelly
14. MOTHER'S MAIDEN NAME: Julia Littlepage
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.: None
17. INFORMANT AND ADDRESS: Mrs Boston M Kelly Beltsville Md

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Chr. Myocarditis — Interval Between Onset and Death: 7 years

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last
(b)
(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) | PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY | (CITY OR TOWN) | (COUNTY) | (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. | INJURY OCCURRED While at Work ☐ Not While At work ☐ | HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from June, 1955, to Aug 12, 1955, that I last saw the deceased alive on Aug 12, 1955, and that death occurred at 11:45 A. m., from the causes and on the date stated above.

SIGNATURE (Degree or title): Chas D McCreary M.D. — ADDRESS: 407 Main St Laurel Md — DATE SIGNED: 8/15/55

23. BURIAL [redacted] BURIAL — DATE THEREOF: Aug. 16, 1955 — NAME OF CEMETERY: [redacted] IVY HILL CEMETERY — LOCATION (City, town, or county) (State): LAUREL, MARYLAND

DATE REC'D BY LOCAL REG.: Aug 15-1955 — REGISTRAR'S SIGNATURE: John D. Smith — 24. FUNERAL DIRECTOR: W. W. CHAMBERS — ADDRESS: Riverdale, Md.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

Items 1,9, F[illegible] 10-[illegible] st

8934

CERTIFICATE OF DEATH

Reg. Dist. No. 24-2

1. PLACE OF DEATH: COUNTY Prince George's MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) X Clinton
LENGTH OF STAY (in this place) 25 Years
HOSPITAL OR INSTITUTION OR STREET ADDRESS 70

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland. COUNTY Pr., Geo's. Co.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Clinton, Maryland. X
STREET ADDRESS (If rural give location) 1

3. NAME OF DECEASED: (Type or Print) (First) JAMES (Middle) OSCAR (Last) KING

4. DATE OF DEATH: (Month) August (Day) 29th (Year) 1955

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify): Single

8. DATE OF BIRTH: Sept. 10th 1879

9. AGE last birthday 76 75 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Famer

10B. KIND OF BUSINESS OR INDUSTRY: Own Farm

11. BIRTHPLACE (State or foreign country): Piscataway, Maryland.

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Benjamin T. King

14. MOTHER'S MAIDEN NAME. Oleiva Roland.

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) no (If Yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT & ADDRESS: Benjamin E. White, Clinton, Maryland.

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

331X IMMEDIATE CAUSE (A) Cerebral hemorrhage — INTERVAL BETWEEN ONSET AND DEATH: 6 hours

ANTECEDENT CAUSE (S): DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST

DUE TO (B) arteriosclerosis, generalized — 10 years

DUE TO (C) cerebrovascular disease — 10 years

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH. Myocardosis, chronic — 10 years.

19A. DATE OF OPERATION:

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☐ NO ☐

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)

21B. PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY

21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY M.

21E. INJURY OCCURRED While at work ☐ Not while at work ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Jan 48 to Aug 29, 1955, that I last saw the deceased alive on Aug 29, 1955, and that death occurred at 7 P. M, from the causes and on the date stated above.

SIGNATURE Alfred K. Lapen, md M. D. ADDRESS Clinton, Md. DATE SIGNED Aug 29, 1955

23. BURIAL, CREMATION, REMOVAL (SPECIFY) Burial — DATE THEREOF Sept. 1st-55 — NAME OF CEMETERY OR CREMATORY St. Mary's Cemetery — LOCATION (City, town, or county) (State) Piscataway, Maryland.

DATE REC'D BY LOCAL REGISTRAR August 30-55 — REGISTRAR'S SIGNATURE Edna F. Gelvin

24. FUNERAL DIRECTOR Simmons Brothers — ADDRESS 1661- Good Hope Road S.E.

VS. A[illegible] — 10 - [illegible]

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 08005

! 8935

CERTIFICATE OF DEATH

Reg. Dist. No. 243

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15 8-51

1. PLACE OF DEATH:

COUNTY Prince Georges — MARYLAND

CITY (If outside corporate limits, write RURAL OR TOWN) Glenn Dale (rural) — LENGTH OF STAY (in this place) 2 yrs., 1 mo., & 12 days.

HOSPITAL OR INSTITUTION OR STREET ADDRESS Glenn Dale Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED:

STATE D. C. COUNTY -

CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Washington

STREET ADDRESS (If rural, give location) 630 4th St., N. E.

3. NAME OF DECEASED: (First) (Middle) (Last)	4. DATE OF DEATH: (Month) (Day) (Year)	5. SEX:	6. COLOR OR RACE:	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify):	8. DATE OF BIRTH:	9. AGE last birthday:	IF UNDER 1 YEAR: Months / Days	IF UNDER 24 HRS.: Hours / Min.
MARTINEZ KINSLER	8 13 1955	Male	Colored	Married	8/23/1906	48 yrs.	-	-

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired):	10b. KIND OF BUSINESS OR INDUSTRY:	11. BIRTHPLACE (State or foreign country):	12. CITIZEN OF WHAT COUNTRY?
Stock Clerk	Hahn's Shoe Store	Temple, Fla.	USA

13. FATHER'S NAME:	14. MOTHER'S MAIDEN NAME:
Joe Kinsler	Rosa Wheeler

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)	16. SOCIAL SECURITY NO.:	17. INFORMANT & ADDRESS:
No -	263-18-0387	Decedent

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

		Interval Between Onset and Death
Immediate cause	(a) Cor pulmonale	2 mo.
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last	(b) DUE TO Pulmonary Tuberculosis	2 yrs 10 mo.
	(c) DUE TO	

II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:	19b. MAJOR FINDINGS OF OPERATION:	20. AUTOPSY?
		Yes ☑ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)	PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY	(CITY OR TOWN)	(COUNTY)	(STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) M.	INJURY OCCURRED While at work ☐ Not while at work ☐	HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 7/1, 1955, to 8/12, 1955, that I last saw the deceased alive on 8/12, 1955, and that death occurred at 5:45 A. m., from the causes and on the date stated above.

SIGNATURE Daniel L. Pinecare (DEGREE OR TITLE) M.D. ADDRESS Glenn Dale Hospital Glenn Dale, Md. DATE SIGNED 8/12/55

23. BURIAL, CREMATION, REMOVAL (Specify):	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
	8/17/55	Woodlawn Cemetery	Washington, D. C.

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
8/13/55	W. R. Allen	J. E. Murray & Son by B. G. Hall	1337 10th St NW Wash D.C.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 7973

CERTIFICATE OF DEATH

68006

Reg. Dist. No. 2345

1. PLACE OF DEATH
COUNTY Prince Georges' MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) MT. RAINIER
LENGTH OF STAY (in this place) 49 years
HOSPITAL OR INSTITUTION OR STREET ADDRESS 3401 Bunker Hill Rd

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Md. COUNTY Prince Georges'
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) MT. RAINIER
STREET ADDRESS (If rural give location) 3401 Bunker Hill Rd.

3. NAME OF DECEASED: (Type or Print) (First) John (Middle) K (Last) Klein

4. DATE OF DEATH (Month) Aug (Day) 18 (Year) 1955

5. SEX M

6. COLOR OR RACE White

7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify) widowed

8. DATE OF BIRTH Feb 12, 1867

9. AGE last birthday 88 yrs | IF UNDER 1 YEAR Months | Days | IF UNDER 24 HRS Hours | Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): BAKER

10B. KIND OF BUSINESS OR INDUSTRY Retired (Own Business)

11. BIRTHPLACE (State or foreign country): Coblenz, Germany

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Unknown

14. MOTHER'S MAIDEN NAME: Unknown.

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) no. (If Yes, give war or dates of service)

16. SOCIAL SECURITY NO none

17. INFORMANT & ADDRESS daughter Francis Shipp 3837 34th St Mt Rainier Md

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH		INTERVAL BETWEEN ONSET AND DEATH
33 (IMMEDIATE CAUSE	(A) Cerebral Thrombosis	48 hrs.
ANTECEDENT CAUSE (S) DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST	DUE TO (B) Generalized Arteriosclerosis	10 years.
	DUE TO (C)	
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.	Carcinoma of Rectum	6 mos.

19A. DATE OF OPERATION:

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☐ NO ☒

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)

21B. PLACE (Home, farm, factory OF INJURY street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) M.

21E. INJURY OCCURRED While at work ☐ Not while at work ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from April, 1952, to Aug 18, 1955, that I last saw the deceased alive on Aug 17, 1955, and that death occurred at 12:10 AM, from the causes and on the date stated above.

SIGNATURE Warren Dinsmore M.D. ADDRESS 3503 Bunker Hill Rd. Mt Rainier Md DATE SIGNED 8/18/55

23. BURIAL, CREMATION, REMOVAL (SPECIFY) Burial

DATE THEREOF 8/22/55

NAME OF CEMETERY OR CREMATORY Mt. Olivet

LOCATION (City, town, or county) Washington, D.C.

DATE REC'D BY LOCAL REGISTRAR Aug. 21, 1955

REGISTRAR'S SIGNATURE Mrs. Jas. Severe (Deputy)

24. FUNERAL DIRECTOR Allen Funeral Home Inc ADDRESS 3200 R.I. Ave. Mt. Rainier, Md

VS. A15—10-53

MARGIN RESERVED FOR BINDING

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the cause of death clearly and legibly.

7996

08007
Reg. Dist.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

MEDICAL EXAMINER'S CERTIFICATE OF DEATH

No. 242

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH: COUNTY Prince George MARYLAND; CITY (If outside corporate limits, write RURAL OR and give nearest town) TOWN Capital Heights; LENGTH OF STAY (in this place) Permanent; HOSPITAL OR INSTITUTION OR STREET ADDRESS 4901 Central Avenue

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Prince George; CITY (If outside corporate limits write RURAL and give nearest town) OR TOWN Capital Height; STREET ADDRESS (If rural give location) 321 - 48th Ave

3. NAME OF DECEASED: (Type or Print) (First) (Middle) (Last)	4. DATE OF DEATH (Month) (Day) (Year)
Clarence Cleveland Kyle	Aug 3 1955

5. SEX:	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Write)	8. DATE OF BIRTH:	9. AGE last birthday:	IF UNDER 1 YEAR: Months / Days	IF UNDER 24 HRS.: Hours / Min.
male	white	widowed	Dec 5, 1884	70 yrs.		

10a. USUAL OCCUPATION (Give kind of work done during most of work life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY:	11. BIRTHPLACE (State or foreign country):	12. CITIZEN OF WHAT COUNTRY?
Painter	Retired	West Virginia	U.S.A.

13. FATHER'S NAME:	14. MOTHER'S MAIDEN NAME:
Unknown	Unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)	16. SOCIAL SECURITY NO.:	17. INFORMANT & ADDRESS:
no		William J Kyle, same address

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) acute Congestive Heart failure	
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last	(b) DUE TO Cardiovascular renal disease	
	(c) DUE TO	

II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH: Chronic alcoholism

19a. DATE OF OPERATION:	19b. MAJOR FINDING OF OPERATION:	20. AUTOPSY? Yes ☐ No ☑

21a. EXTERNAL CAUSE WAS PRIMARY ☐ or CONTRIBUTING ☐ CAUSE OF DEATH.	21b. PLACE (Home, farm, factory, OF street, office bldg., etc., INJURY	21c. (City or town) (County) (State)

21d. TIME (Month) (Day) (Year) (Hour) OF INJURY M.	21e. INJURY OCCURRED While at work ☐ Not while at work ☐	21f. HOW DID INJURY OCCUR?

22. I hereby certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☑, Inquiry ☑, and find that death resulted from: Natural causes ☑, Accident ☐, Suicide ☐, Homicide ☐, Undetermined cause ☐.

SIGNATURE James D. Bond M. D. CHIEF MEDICAL EXAMINER ☐ DEPUTY MEDICAL EXAMINER ☑ ASSISTANT MEDICAL EXAM. ☐ DATE SIGNED 8-3-55

23. BURIAL, CREMATION, REMOVAL (Specify):	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
transportation	8/4/55	Wheeling	West Va

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
8/4/55	Amanda Downey and Connie F. Campbell	T Roche sons	Hyattsville Md

VS. A15A - 5 - 53

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 08976

7997

CERTIFICATE OF DEATH

Reg. Dist. No. 231

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15—10-53

1. PLACE OF DEATH: COUNTY Prince Georges' MARYLAND; CITY (If outside corporate limits, write RURAL) OR TOWN 38 Cheverly; LENGTH OF STAY (in this place) 2days; HOSPITAL OR INSTITUTION OR STREET ADDRESS 77 Prince Georges Gen. Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md. COUNTY Montgomery; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Laurel 15 X-6; STREET ADDRESS (If rural give location) Box 417A - Wootten Lane

3. NAME OF DECEASED (Type or Print): (First) Baby (Middle) Boy (Last) Leischear

4. DATE OF DEATH: (Month) 8 (Day) 10 (Year) 1955

5. SEX: X Female

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify): Single

8. DATE OF BIRTH: 8-8-55

9. AGE last birthday: — yrs. IF UNDER 1 YEAR: Months — Days 2 IF UNDER 24 HRS.: Hours — Min. —

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): —

10B. KIND OF BUSINESS OR INDUSTRY: —

11. BIRTHPLACE (State or foreign country): Maryland

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Robert Leischear

14. MOTHER'S MAIDEN NAME: Sarah Elizabeth Thario

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) ? (If Yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT & ADDRESS: Statistic Card

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

IMMEDIATE CAUSE: 773.5

(A) DUE TO: Respiratory + cardiac failure — INTERVAL BETWEEN ONSET AND DEATH: 2 days

ANTECEDENT CAUSE (S)

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST

(B) DUE TO: prematurity — 2 days

(C) —

II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH. —

19A. DATE OF OPERATION: —

19B. MAJOR FINDINGS OF OPERATION —

20. AUTOPSY? YES ☐ NO ☑

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)

21B. PLACE (Home, farm, factory OF INJURY street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY M.

21E. INJURY OCCURRED While at work ☐ Not while at work ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 8/8, 1955, to 8/10, 1955, that I last saw the deceased alive on 8/9, 1955, and that death occurred at 7:10 A M, from the causes and on the date stated above.

SIGNATURE John K Buell M D. ADDRESS John R. Buell, M.D. 402 Main St. Laurel, Md. DATE SIGNED 8/10/55

23. BURIAL, CREMATION, REMOVAL (SPECIFY) Burial DATE THEREOF 8/13/55 NAME OF CEMETERY OR CREMATORY Prince Georges Memorial Park LOCATION (City, town, or county) Cheverly (State) Md

DATE REC'D BY LOCAL REGISTRAR 8/21/55 REGISTRAR'S SIGNATURE Amanda Downey

24. FUNERAL DIRECTOR Harry W. Penn — ADDRESS Seat

7993

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

Reg. Dist. 08008

MEDICAL EXAMINER'S CERTIFICATE OF DEATH

No. 3351

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

8064

VS. A15A - 5 - 53

1. PLACE OF DEATH:
COUNTY Prince Georges — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Cheverly — LENGTH OF STAY (In this place) D.O.A.
HOSPITAL OR INSTITUTION OR STREET ADDRESS Prince Georges Gen. Hosp

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Md — COUNTY Prince Geo.
CITY (If outside corporate limits write RURAL and give nearest town) OR TOWN Glen Arden
STREET ADDRESS (If rural, give location) 7th Street

3. NAME OF DECEASED: (Type or Print) (First) Robert (Middle) (Last) Little

4. DATE OF DEATH (Month) 8 (Day) 14 (Year) 1955

5. SEX: Male

6. COLOR OR RACE: Colored

7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify): Married

8. DATE OF BIRTH: Sept 6, 1904

9. AGE Last birthday: 50 yrs. — If under 1 year: Months / Days — If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of work life, even if retired): Brick-layer.

10b. KIND OF BUSINESS OR INDUSTRY: Construction

11. BIRTHPLACE (State or foreign country): N. Carolina

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Little

14. MOTHER'S MAIDEN NAME: Ida Leak

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No — (If Yes, give war or dates of service)

16. SOCIAL SECURITY NO.: 579-09-8958

17. INFORMANT & ADDRESS: Wife Katie C. Little Same as # 2

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

Immediate cause (a) DUE TO: Acute congestive heart failure

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last (b) DUE TO: Cardiovascular renal disease (c)

Interval Between Onset and Death: (a) ..... (b) ..... (c) .....

II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH:

19a. DATE OF OPERATION:

19b. MAJOR FINDING OF OPERATION:

20. AUTOPSY? Yes ☐ No ☒

21a. EXTERNAL CAUSE WAS PRIMARY ☐ or CONTRIBUTING ☐ CAUSE OF DEATH.

21b. PLACE (Home, farm, factory, OF street, office bldg., etc., INJURY

21c. (City or town) (County) (State)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) M.

21e. INJURY OCCURRED While at work ☐ Not while at work ☐

21f. HOW DID INJURY OCCUR?

22. I hereby certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☒, Inquiry ☒, and find that death resulted from: Natural causes ☒, Accident ☐, Suicide ☐, Homicide ☐, Undetermined cause ☐.

SIGNATURE John D. Maloney (Hyattsville Md) M. D.

CHIEF MEDICAL EXAMINER ☐ DEPUTY MEDICAL EXAMINER ☒ ASSISTANT MEDICAL EXAM ☐

DATE SIGNED 8-15-55

23. BURIAL, CREMATION, REMOVAL (Specify): Burial

DATE THEREOF 8-10-55

NAME OF CEMETERY OR CREMATORY Woodlawn Cemetery

LOCATION (City, town, or county) (State) Washington D.C.

DATE REC'D BY LOCAL REG. 8/15/55

REGISTRAR'S SIGNATURE Amanda E. Burney

24. FUNERAL DIRECTOR Johnson & Jenkins

ADDRESS 1702 - 12th N.W. Washington, D.C.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 08009

CERTIFICATE OF DEATH

8^36

Reg. Dist. No. 203

1. PLACE OF DEATH:

COUNTY Prince Georges MARYLAND

CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Glenn Dale (rural)

LENGTH OF STAY (in this place) 10 mos., & 6 days

HOSPITAL OR INSTITUTION OR STREET ADDRESS Glenn Dale Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED:

STATE D. C. COUNTY -

CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Washington 4-7,

STREET ADDRESS (If rural, give location) D. C. General Hospital ✓

3. NAME OF DECEASED: (Type or Print) (First)	(Middle)	(Last)	4. DATE OF DEATH: (Month)	(Day)	(Year)
Robert	S	MacCready.	8	12	1955.

5. SEX:	6. COLOR OR RACE:	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH:	9. AGE last birthday:	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
Male	White	Divorced	1/1/07	48 yrs.	-	-	-	-

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired):	10b. KIND OF BUSINESS OR INDUSTRY:	11. BIRTHPLACE (State or foreign country):	12. CITIZEN OF WHAT COUNTRY?
Credit Investigator	Stone-Mercantile	Maryd, Pa.	USA

13. FATHER'S NAME:	14. MOTHER'S MAIDEN NAME:
Robert P. McCready	Sarah Jones

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)	16. SOCIAL SECURITY NO.:	17. INFORMANT & ADDRESS:
Yes 1924-1927	577-40-1213	Decedent

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) Cor pulmonale DUE TO	10 months
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last	(b) Pulmonary Tuberculosis DUE TO	3 yrs 7 mos.
	(c)	

II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:	19b. MAJOR FINDINGS OF OPERATION:	20. AUTOPSY?
		Yes ☑ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)	PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.)	(CITY OR TOWN)	(COUNTY)	(STATE)

TIME OF INJURY (Month)	(Day)	(Year)	(Hour) M.	INJURY OCCURRED While at work ☐ Not while at work ☐	HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 10/6, 1954, to 8/12, 1955, that I last saw the deceased alive on 8/12, 1955, and that death occurred at 6:50 P m., from the causes and on the date stated above.

SIGNATURE	(DEGREE OR TITLE)	ADDRESS	DATE SIGNED
Daniel Lee Finucane M.D.		Glenn Dale Hospital Glenn Dale, Md.	8/12/55

23. BURIAL, CREMATION, REMOVAL (Specify):	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
	8/16/55	Arlington Nat. Cem.	Arlington Va

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
142 8/17/55	[illegible]	D. H. Hines Co.	2901-17 st. N.W.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15 8-51

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 08010

7967

CERTIFICATE OF DEATH

Reg. Dist. No. 245

1. PLACE OF DEATH: COUNTY Prince Georges MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) N. Hyattsville
LENGTH OF STAY (In this place) 1 Day
HOSPITAL OR INSTITUTION OR STREET ADDRESS 6011 Jamestown Rd

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Ohio COUNTY Coshocton
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Coshocton 72 x 3
STREET ADDRESS (If rural give location) Burtch Street, Route #4

3. NAME OF DECEASED: (Type or Print) (First) Jennie (Middle) Smith (Last) Maher

4. DATE OF DEATH: (Month) 8 (Day) 23rd (Year) 1955

5. SEX: Female

6. COLOR OR RACE: white

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): widow

8. DATE OF BIRTH: 12/21/1872

9. AGE last birthday 82 yrs. IF UNDER 1 YEAR, Months, Days. IF UNDER 24 HRS., Hours, Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired Penn. R.R. Employee

10B. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Culpepper, Va.

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: unknown

14. MOTHER'S MAIDEN NAME: unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)

16. SOCIAL SECURITY NO. 718-10-5647

17. INFORMANT & ADDRESS: Catherine Robinson 6011 Jamestown Rd N. Hyattsville Md

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

422.2

IMMEDIATE CAUSE (A) Myocarditis

ANTECEDENT CAUSE (S)

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST.

DUE TO (B)

DUE TO (C)

INTERVAL BETWEEN ONSET AND DEATH: 2 yrs

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19A. DATE OF OPERATION:

19B MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☐ NO ☐

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)

21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21D TIME OF INJURY (Month) (Day) (Year) (Hour) M.

21E INJURY OCCURRED While at work ☐ Not while at work ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 9/23, 1955 to 8/23, 1955, that I last saw the deceased alive on 8/23, 1955 and that death occurred at 6 P.M., from the causes and on the date stated above.

SIGNATURE John and Hay M. D. ADDRESS Hyattsville, Md DATE SIGNED 8/23/55

23. BURIAL, CREMATION, REMOVAL (SPECIFY) Burial

DATE THEREOF 8/27th/55

NAME OF CEMETERY OR CREMATORY Fort Lincoln

LOCATION (City, town, or county) (State) Colmar Manor, Md.

DATE REC'D BY LOCAL REGISTRAR Aug. 26th 1955

REGISTRAR'S SIGNATURE Mrs. Jas. Devereux Deputy

24. FUNERAL DIRECTOR Mallette Funeral Home, Inc. ADDRESS 3200 - R.I. Ave. Mt. Rainier, Md.

VS. A15—10-53

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

7999

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

08011

Reg. Dist. No. 239

M

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH: COUNTY Prince George — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Laurel — LENGTH OF STAY (in this place) Life
HOSPITAL OR INSTITUTION OR STREET ADDRESS 4th & Montandon

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md — COUNTY Prince George
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Laurel
STREET ADDRESS (If rural, give location) Main St

3. NAME OF DECEASED (Type or Print): (First) ELIZA (Middle) GARDNER (Last) MARBURY
4. DATE OF DEATH (Month) July (Day) 24 (Year) 1955

5. SEX: Female — 6. COLOR OR RACE: White — 7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married — 8. DATE OF BIRTH: 9-16-88 — 9. AGE last birthday: 67 yrs. — If under 1 year: Months / Days — If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Retired Vocational teacher — 10b. KIND OF BUSINESS OR INDUSTRY — 11. BIRTHPLACE (State or foreign country): Howard Co Md — 12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Wm C Gardner — 14. MOTHER'S MAIDEN NAME: Susan Lanham

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No — (If yes, give war or dates of service) — 16. SOCIAL SECURITY No. none — 17. INFORMANT AND ADDRESS: Wm Gardner Marbury Laurel Md

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

421.4
Immediate cause (a) Coronary occlusion — ½ hr
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Chronic Endocarditis — yrs.
(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION — 19b. MAJOR FINDINGS OF OPERATION — 20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) — PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY — (CITY OR TOWN) — (COUNTY) — (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. — INJURY OCCURRED While at Work ☐ Not While At work ☐ — HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 7/1, 1955, to 8/28, 1955, that I last saw the deceased alive on 8/28, 1955, and that death occurred at 11:55 a.m., from the causes and on the date stated above.

SIGNATURE (Degree or title) — ADDRESS — DATE SIGNED
Wm Marbury — 314 Compton Ave Laurel — 8/29/55

23. BURIAL, CREMATION, REMOVAL (Specify) — DATE THEREOF — NAME OF CEMETERY OR CREMATORY — LOCATION (City, town, or county) (State)
Burial — 8/29/1955 — Lawson Funeral Home — Laurel Md

DATE REC'D BY LOCAL REG. — REGISTRAR'S SIGNATURE — 24. FUNERAL DIRECTOR — ADDRESS
Aug 29 55 — M. Bradshaw — Ridgely Smith — 401 Main St Laurel Md

MARYLAND STATE DEPARTMENT OF HEALTH

8037

2411 N. Charles Street, Baltimore

08012

CERTIFICATE OF DEATH

Reg. Dist. No. 245

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

1. PLACE OF DEATH — COUNTY: Prince George's — STATE: MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: 2201 Calvert St — LENGTH OF STAY (In this place): 6 yrs
HOSPITAL OR INSTITUTION OR STREET ADDRESS: Lewisdale

2. USUAL RESIDENCE (HOME) OF DECEASED — STATE: Md. — COUNTY: P. G.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: 2201 Calvert Street
STREET ADDRESS (If rural give location): Lewisdale

3. NAME OF DECEASED (Type or Print): (First) David (Middle) Martin (Last) Mauck

4. DATE OF DEATH: (Month) Aug. (Day) 2 (Year) 1955

5. SEX: Male

6. COLOR OR RACE: White

7. ~~SINGLE~~, MARRIED, ~~WIDOWED~~, ~~DIVORCED~~, (Specify)

8. DATE OF BIRTH: March 6, 1871

9. AGE last birthday: 84 yrs. — If under 1 year: Months / Days — If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Farmer

10b. KIND OF BUSINESS OR INDUSTRY: Agriculture

11. BIRTHPLACE (State or foreign country): Luray, Virginia

12. CITIZEN OF WHAT COUNTRY: U.S.A.

13. FATHER'S NAME: General John Perry Mauck

14. MOTHER'S MAIDEN NAME: Emily Albertus Ortes

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service): No

16. SOCIAL SECURITY No.: 230-10-9540A

17. INFORMANT: Mrs. Nellie Jewell

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Cerebral Hemorrhage — Interval Between Onset and Death: 2½ days

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Hypertensive Cardio-Vascular Disease — 11 years

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: —

19b. MAJOR FINDINGS OF OPERATION: —

20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT / SUICIDE / HOMICIDE (Specify): —

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY: —

(CITY OR TOWN) (COUNTY) (STATE): —

TIME OF INJURY (Month) (Day) (Year) (Hour): — m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?: —

22. I hereby certify that I attended the deceased from Nov. 24, 1954, to Aug. 2, 1955, that I last saw the deceased alive on Aug. 1, 1955, and that death occurred at 12.45 p. m., from the causes and on the date stated above.

SIGNATURE: Charles C. Hageage — (Degree or title) M. D. — ADDRESS: Mt. Rainier, Md. — DATE SIGNED: 8/2/1955

23. BURIAL, CREMATION, REMOVAL (Specify): Burial — DATE THEREOF: 8-5-55 — NAME OF CEMETERY OR CREMATORY: Ivy Hill — LOCATION (City, town, or county) (State): Upperville Va.

DATE REC'D BY LOCAL REG.: Aug 2 1955 — REGISTRAR'S SIGNATURE: Mrs. Jas. Lovere (Deputy) — 24. FUNERAL DIRECTOR: J. W. Lee — ADDRESS: Washington D. C.

VS. A15

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 (18013)

8000

CERTIFICATE OF DEATH

Reg. Dist. No. 231

8085

1. PLACE OF DEATH: COUNTY Prince Georges — MARYLAND — CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Cheverly — LENGTH OF STAY (in this place) 26 days — HOSPITAL OR INSTITUTION OR STREET ADDRESS Prince Georges General

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland — COUNTY Prince Georges — CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Hyattsville — STREET ADDRESS (If rural give location) 3808 — 55th Ave.

3. NAME OF DECEASED: (First) Albert (Middle) (Last) Mehrbach

4. DATE OF DEATH (Month) Aug. (Day) 24 (Year) 1955

5. SEX m — 6. COLOR OR RACE: w — 7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify): w

8. DATE OF BIRTH: Dec. 4, 1875 — 9. AGE last birthday: 79 yrs. — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS: Hours / Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life.): Retired floore tile Cont. — 10B. KIND OF BUSINESS OR INDUSTRY: Self

11. BIRTHPLACE (State or foreign country): New York — 12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Mosse Mehrbach — 14. MOTHER'S MAIDEN NAME: Caroline Meyer

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No — (If Yes, give war or dates of service) — 16. SOCIAL SECURITY NO. ? — 17. INFORMANT & ADDRESS: Statistical card

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

1817 IMMEDIATE CAUSE (A) Uremia — INTERVAL BETWEEN ONSET AND DEATH: 5 days

ANTECEDENT CAUSE (B) DUE TO Adenocarcinoma of bladder with

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST (C) DUE TO ureteral obstruction — 10 years

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH. Arteriosclerotic heart disease Unknown

19A. DATE OF OPERATION: — 19B. MAJOR FINDINGS OF OPERATION — 20. AUTOPSY? YES ☐ NO ☐

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) — 21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.) — 21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY M. — 21E. INJURY OCCURRED While at work ☐ Not while at work ☐ — 21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 6/2, 1955, to 8/24, 1955, that I last saw the deceased alive on 8/23, 1955, and that death occurred at 7 45/75 M. from the causes and on the date stated above.

SIGNATURE Julius Kauffman, M.D. — ADDRESS M.D. Bladensburg, Md. — DATE SIGNED 8/24/55

23. BURIAL, CREMATION, REMOVAL (SPECIFY) Burial — DATE THEREOF 8/26/55 — NAME OF CEMETERY OR CREMATORY Cypress Hill Cemetery — LOCATION (City, town, or county) Jamaica Queens — (State) New York

DATE REC'D BY LOCAL REGISTRAR 8-25-55 — REGISTRAR'S SIGNATURE Amanda Dewey — 24. FUNERAL DIRECTOR F. Gasch's Sons — ADDRESS Hyattsville, Md.

VS. A15—10-53

MARGIN RESERVED FOR BINDING

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

890

08014
Reg. Dist.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

MEDICAL EXAMINER'S CERTIFICATE OF DEATH No. 231

1. PLACE OF DEATH: COUNTY Prince Georges MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Cheverly
LENGTH OF STAY (In this place) 2 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS Prince Georges Gen. Hosp

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md COUNTY [redacted]
CITY (If outside corporate limits write RURAL and give nearest town) OR TOWN Baltimore 3 Y 0 1. 4
STREET ADDRESS (If rural, give location) 3927 - Cranston Avenue

3. NAME OF DECEASED: (Type or Print) (First) David (Middle) St. Clair (Last) Melvin
4. DATE OF DEATH (Month) 8 (Day) 15 (Year) 1955
5. SEX: Male
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Single
8. DATE OF BIRTH: 3 Nov. 1928
9. AGE last birthday: 26 yrs.
IF UNDER 1 YEAR: Months / Days
IF UNDER 24 HRS.: Hours / Min.
10a. USUAL OCCUPATION (Give kind of work done during most of work life, even if retired): Mathematician
10b. KIND OF BUSINESS OR INDUSTRY: U.S. Govt -
11. BIRTHPLACE (State or foreign country): Md.
12. CITIZEN OF WHAT COUNTRY? U.S.A.
13. FATHER'S NAME: John B. Melvin
14. MOTHER'S MAIDEN NAME: Naomi Meade
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, No, or unk.) No
(If Yes, give war or dates of service)
16. SOCIAL SECURITY NO.: Unk
17. INFORMANT & ADDRESS: Father John B. Melvin Same as #2

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:
Immediate cause (a) 823X Hemorrhage & shock — INTERVAL BETWEEN ONSET AND DEATH
DUE TO
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last
(b) Fracture of skull - left femur - left elbow — DUE TO
(c)

II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19a. DATE OF OPERATION:
19b. MAJOR FINDING OF OPERATION:
20. AUTOPSY? Yes ☐ No ☒

21a. EXTERNAL CAUSE WAS PRIMARY ☒ or CONTRIBUTING ☐ CAUSE OF DEATH.
21b. PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY Street
21c. (City or town) College Park - (County) P. Geo. (State) Md.
21d. TIME OF INJURY (Month) 8 (Day) 12 (Year) 55 (Hour) 8:00 A.M.
21e. INJURY OCCURRED While at work ☐ Not while at work ☒
21f. HOW DID INJURY OCCUR? Collision between auto & tree.

22. I hereby certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☒, Inquiry ☒, and find that death resulted from: Natural causes ☐, Accident ☒ Suicide ☐, Homicide ☐, Undetermined cause ☐.

SIGNATURE John J. Maloney (Hyattsville, Md) M. D.
CHIEF MEDICAL EXAMINER ☐
DEPUTY MEDICAL EXAMINER ☒
ASSISTANT MEDICAL EXAM. ☐
DATE SIGNED 8-15-55

23. BURIAL, CREMATION, REMOVAL (Specify): Removal
DATE THEREOF 8/15
NAME OF CEMETERY OR CREMATORY Wetzel Funeral Home
LOCATION (City, town, or county) (State) 4101 Edmondson Ave
DATE REC'D BY LOCAL REG. 8/15/55
REGISTRAR'S SIGNATURE Amanda Downey
24. FUNERAL DIRECTOR: Harry A. Wetzel
ADDRESS Balt. Md

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15A - 5 - 53

8065

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 08015

CERTIFICATE OF DEATH

8002

Reg. Dist. No. 231

1. PLACE OF DEATH:
COUNTY Pr. George — MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Cheverly
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS Sacorda Rest Home

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE — COUNTY —
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Washington, D. C. 47X-2
STREET ADDRESS (If rural give location) 4111 22nd St., N.E. √

3. NAME OF DECEASED (Type or Print): (First) MARGARET (Middle) VIOLET (Last) MONROE

4. DATE OF DEATH (Month) (Day) (Year): Aug. 30, 1955 19

5. SEX: F

6. COLOR OR RACE: W

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): WIDOWED

8. DATE OF BIRTH: Oct. 24, 1873

9. AGE last birthday: 81 Yrs. — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): HOUSEWIFE

10B. KIND OF BUSINESS OR INDUSTRY: —

11. BIRTHPLACE (State or foreign country): Washington, D. C.

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Richard Oakley

14. MOTHER'S MAIDEN NAME: Annie Hannan

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service) —

16. SOCIAL SECURITY NO. —

17. INFORMANT & ADDRESS: Ruth M. Hicks 3923 Pa. Ave. S.E. Wash. 20, D.C.

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

IMMEDIATE CAUSE (A) MYOCARDIAL INFARCTION — INTERVAL BETWEEN ONSET AND DEATH: 24 hrs.

ANTECEDENT CAUSE (S)

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. (B) DUE TO GENERAL ARTERIOSCLEROSIS — 10 yrs.

(C)

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19A. DATE OF OPERATION:

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☐ NO ☒

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)

21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.

21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) M.

21E. INJURY OCCURRED While at work ☐ Not while at work ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 12 Aug, 1955, to 30 Aug 19 55 that I last saw the deceased alive on 30 Aug, 1955, and that death occurred at 9 P M, from the causes and on the date stated above.

SIGNATURE Thomas J Maloney M.D. ADDRESS 4814 - 71st Ave Landover Md. DATE SIGNED 30 Aug 55

23. BURIAL, ~~CREMATION~~, REMOVAL (SPECIFY): BURIAL

DATE THEREOF: 9-3-1955

NAME OF CEMETERY OR CREMATORY: CEDAR HILL

LOCATION (City, town, or county) (State): Pr. Geo Co., MD. (Suitland)

DATE REC'D BY LOCAL REGISTRAR: 9/1/55

REGISTRAR'S SIGNATURE: Amanda Downey

24. FUNERAL DIRECTOR: James T. Pyon Jr.

ADDRESS: 317 Pa. Ave. SE Wash. 3 - D.C.

VS. A15—10-53

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 8003

CERTIFICATE OF DEATH

08016

Reg. Dist. No. 245

1 PLACE OF DEATH
COUNTY Pr. Geo. County — MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) 25 Riverdale
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS 7lo Leland Memorial Hosp 4408 Queensbury Rd

2 USUAL RESIDENCE (HOME) OF DECEASED
STATE Va. COUNTY
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Colonial Beach
STREET ADDRESS (If rural give location) 8 X 1

3. NAME OF DECEASED (Type or Print): (First) Mamozelle (Middle) (Last) Montgomery

4. DATE OF DEATH (Month) 8 (Day) 23 (Year) 1955

5. SEX F | 6. COLOR OR RACE W | 7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify): Single | 8. DATE OF BIRTH 10-1-1882 | 9. AGE (last birthday) 72 yrs | IF UNDER 1 YEAR Months Days | IF UNDER 24 HRS Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life even if retired): Housewife

10B. KIND OF BUSINESS OR INDUSTRY: Tourist Home

11. BIRTHPLACE (State or foreign country): Va

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Obidiah Judson Montgomery

14. MOTHER'S MAIDEN NAME: Garland, Louisa Fantleroy

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No | (If Yes, give war or dates of service)

16. SOCIAL SECURITY NO

17. INFORMANT & ADDRESS: Hospital Records

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

331 X

IMMEDIATE CAUSE (A) CEREBROVASCULAR ACCIDENT — INTERVAL BETWEEN ONSET AND DEATH: 3 MOS

ANTECEDENT CAUSE (S) DUE TO

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. (B) DUE TO GEN. ARTERIOSCLEROSIS — 15 YRS

(C)

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19A. DATE OF OPERATION: | 19B. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? YES ☐ NO ☐

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) | 21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc. | 21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21D TIME OF INJURY (Month) (Day) (Year) (Hour) M. | 21E INJURY OCCURRED While at work ☐ Not while at work ☐ | 21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from JULY 28, 1955, to AUG 23, 1955, that I last saw the deceased alive on AUG 22, 1955, and that death occurred at 9:30 P M, from the causes and on the date stated above.

SIGNATURE Carl J. Hermann M D ADDRESS 4408 QUEENSBURY RD RIVERDALE MD DATE SIGNED 8-23-55

23 BURIAL, CREMATION, REMOVAL (SPECIFY) Burial | DATE THEREOF Aug 26, 1955 | NAME OF CEMETERY OR CREMATORY Warsaw | LOCATION (City, town, or county) Warsaw (State) Va

DATE REC'D BY LOCAL REGISTRAR Aug 23/1955 | REGISTRAR'S SIGNATURE Mrs. Jas. Severe Deputy | FUNERAL DIRECTOR F. Gaskie Sons | ADDRESS Hyattsville Md

VS. A15—10-53

MARGIN RESERVED FOR BINDING

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

7971

08017

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 Reg. Dist.

MEDICAL EXAMINER'S CERTIFICATE OF DEATH No. 245

1. PLACE OF DEATH:
COUNTY Prince Georges MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Mt. Rainier
LENGTH OF STAY (In this place) 11 mos
HOSPITAL OR INSTITUTION OR STREET ADDRESS 3305 - Chillum Rd

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Md COUNTY Prince Georges
CITY (If outside corporate limits write RURAL and give nearest town) OR TOWN Mt Rainier 16
STREET ADDRESS (If rural, give location) 3305 Chillum Rd

3. NAME OF DECEASED: (Type or Print) (First) (Middle) (Last)	4. DATE OF DEATH (Month) (Day) (Year)	5. SEX:	6. COLOR OR RACE:	7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify):	8. DATE OF BIRTH:	9. AGE last birthday:	IF UNDER 1 YEAR Months / Days	IF UNDER 24 HRS. Hours / Min.
Thomas Joseph Nally	Aug. 16 1955	Male	White	Married	7-15-09	46. yrs.		

10a. USUAL OCCUPATION (Give kind of work done during most of work life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY:	11. BIRTHPLACE (State or foreign country):	12. CITIZEN OF WHAT COUNTRY?
Policeman	Metropol. Police	Washington D.C.	U.S.A.

13. FATHER'S NAME: Thomas Joseph Nally, Sr.
14. MOTHER'S MAIDEN NAME: Mary Alice Cousins

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)	16. SOCIAL SECURITY NO.:	17. INFORMANT & ADDRESS:

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause (a)	Coronary thrombosis	
DUE TO		
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last (b)	Coronary atherosis	
DUE TO		
(c)	Cardiovascular renal disease	

#420.1

II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH

19a. DATE OF OPERATION:	19b. MAJOR FINDING OF OPERATION:	20. AUTOPSY? Yes ☒ No ☐

21a. EXTERNAL CAUSE WAS PRIMARY ☐ or CONTRIBUTING ☐ CAUSE OF DEATH.	21b. PLACE (Home, farm, factory, street, office bldg., etc., OF INJURY	21c. (City or town) (County) (State)

21d. TIME (Month) (Day) (Year) (Hour) OF INJURY M.	21e. INJURY OCCURRED While at work ☐ Not while at work ☐	21f. HOW DID INJURY OCCUR?

22. I hereby certify that I took charge of the remains described above, held an Autopsy ☒ Inspection ☒ Inquiry ☒ and find that death resulted from: Natural causes ☒ Accident ☐, Suicide ☐, Homicide ☐, Undetermined cause ☐.

SIGNATURE John J. Maloney (Hyattsville Md) M. D.
CHIEF MEDICAL EXAMINER ☐ DEPUTY MEDICAL EXAMINER ☒ ASSISTANT MEDICAL EXAM. ☐
DATE SIGNED 8-16-55

23. BURIAL, CREMATION, REMOVAL (Specify):	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	8/19/55	Mt. Olivet	Washington, D.C.

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
Aug 18, 1955	Mrs. Jas. Lovell Deputy	Mallenp Funeral Home, Inc	Mt. Rainier, Md

$200 - 1 R.I. out

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15A - 5 - 53

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

8904

08018

Reg. Dist. No. 2-2

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH: COUNTY Prince Georges — STATE MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Capital Heights — LENGTH OF STAY (in this place) 36
HOSPITAL OR INSTITUTION OR STREET ADDRESS 414 - 48th Ave 00

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md — COUNTY Prince Georges
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Capital Heights, Md
STREET ADDRESS (If rural, give location) 414 - 48th Ave

3. NAME OF DECEASED (Type or Print): (First) William — (Middle) Henry — (Last) Oakley

4. DATE OF DEATH: (Month) Aug. — (Day) 19 — (Year) 1955

5. SEX: Male — 6. COLOR OR RACE: White — 7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Married — 8. DATE OF BIRTH: 6/9/1875 — 9. AGE last birthday: 80 yrs. — If under 1 year: Months / Days — If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Plasterer — 10b. KIND OF BUSINESS OR INDUSTRY: Construction Co — 11. BIRTHPLACE (State or foreign country): England — 12. CITIZEN OF WHAT COUNTRY: U.S.A.

13. FATHER'S NAME: George H. Oakley — 14. MOTHER'S MAIDEN NAME: unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) — (If yes, give war or dates of service) — 16. SOCIAL SECURITY NO. — 17. INFORMANT: Arthur Oakley Riva, Md

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

153X Immediate cause (a) Carcinomatosis - Primary site large Intestine — Unknown

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last
(b)
(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Arteriosclerosis, senile — Unknown

19a. DATE OF OPERATION — 19b. MAJOR FINDINGS OF OPERATION — 20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) — PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY — (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. — INJURY OCCURRED While at Work ☐ Not While At work ☐ — HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 8/14/ , 19..... to ..... , 19..... , that I last saw the deceased alive on 8/18 , 19 55 , and that death occurred at 7:10 p.m., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED

23. BURIAL, CREMATION OR REMOVAL (Specify): Burial — DATE THEREOF: 8/23/55 — NAME OF CEMETERY OR CREMATORY: Fort Lincoln — LOCATION (City, town, or county) (State): Colmar Manor, Md

DATE REC'D BY LOCAL REG. 8/23/55 — REGISTRAR'S SIGNATURE: Carrie L. Campbell — 24. FUNERAL DIRECTOR: F. Gracia Sons — ADDRESS: Hyattsville, Md

VS. A15

Item 9, Filmed 8-[illegible]-56 et 8005

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No. 08019 231

1. PLACE OF DEATH: COUNTY Pr. Geo. MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN 38 Cheverly
LENGTH OF STAY (in this place) 4-9 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS 77 Pr. Geo. General Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md. COUNTY Pr. Geo.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Hillside X
STREET ADDRESS (If rural give location) 5001- Southern Ave. SE.

3. NAME OF DECEASED: (Type or Print) (First) James (Middle) T. (Last) O'Loughlin
4. DATE OF DEATH: (Month) Aug. (Day) 16 (Year) 1955

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify)	8. DATE OF BIRTH	9. AGE last birthday	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
Male	White	married	Oct. 18-1881	74 yrs.				

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10B. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Retired	Woodrow & Lothrop	Hoosick Falls N.Y.	

13. FATHER'S NAME: Martin O'Loughlin
14. MOTHER'S MAIDEN NAME: Mary Kelly

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT & ADDRESS: Augusta C. O'Loughlin 5001- Southern Ave. SE.

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
460X IMMEDIATE CAUSE	(A) Cerebral Hemorrhage	4 days
ANTECEDENT CAUSE (S): DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST.	DUE TO (B) Arteriosclerosis	Unknown
	DUE TO (C)	

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH. None

19A. DATE OF OPERATION:	19B. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES ☐ NO ☒

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)	21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) M.	21E. INJURY OCCURRED While at work ☐ Not while at work ☐	21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 8/13 [illegible], 19 55, to 8/17, 19 55, that I last saw the deceased alive on 8/16, 19 55, and that death occurred at 9:50 P M, from the causes and on the date stated above.

SIGNATURE John T. [illegible] M. D. ADDRESS 5401 Kenilworth Ave. Hyattsville Md. DATE SIGNED 8/17/55

23. BURIAL, CREMATION, REMOVAL (SPECIFY)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	Aug. 19-55	Washington Natl.	Suitland Md.

DATE REC'D BY LOCAL REGISTRAR	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
8/17/55	Amanda Durney	Simmons Bros.	1661- Good Hope Rd SE Wash. D. C.

VS. A15—10-53

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

8938

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

08020

CERTIFICATE OF DEATH

Reg. Dist. No. 245

Item 9, Fil. 6185 8-17-55 et

1. PLACE OF DEATH: COUNTY Prince Georges MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Edmonston Md
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Prince Geo
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Edmonston, Md
STREET ADDRESS (If rural give location) 4803 57st Ave

3. NAME OF DECEASED (Type or Print): (First) Minnie (Middle) Lay (Last) Oliver

4. DATE OF DEATH: (Month) Aug (Day) 4 (Year) 19 55

5. SEX: Female

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Widow

8. DATE OF BIRTH: Dec 17 1883

9. AGE last birthday: 71 yrs. If under 1 year: Months / Days. If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housedodge

10b. KIND OF BUSINESS OR INDUSTRY: Home

11. BIRTHPLACE (State or foreign country): Leland Md

12. CITIZEN OF WHAT COUNTRY? U S A

13. FATHER'S NAME: Frank Vermillion

14. MOTHER'S MAIDEN NAME: Mary Agnes Pollock

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service): No

16. SOCIAL SECURITY NO.: None

17. INFORMANT:

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

I.a. Immediate cause (a) Cirrohosis of the Liver — 7 mos.

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death: Hypertensive Cardio-Vascular Disease — 3 years

19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) | PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY | (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. | INJURY OCCURRED While at Work ☐ Not While At work ☐ | HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Oct. 11, 19 53, to August 4, 1955, that I last saw the deceased alive on August 3, 1955, and that death occurred at 6:30 P. m., from the causes and on the date stated above.

SIGNATURE (Degree or title) | ADDRESS | DATE SIGNED

Charles C. Hageage M. D. — Mount Rainier, Md. — 8 4/1955

23. BURIAL, CREMATION, REMOVAL (Specify): Burial | DATE THEREOF: 8-6-55 | NAME OF CEMETERY OR CREMATORY: Nat. Memorial Park | LOCATION (City, town, or county) (State): Falls Church, Va

DATE REC'D BY LOCAL REG.: 8/5/55 | REGISTRAR'S SIGNATURE: Mrs. Jas. Deverel (Deputy) | 24. FUNERAL DIRECTOR: J. W. Lee Sons & Co | ADDRESS: 300-4 5th NE D.C.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. Especially important. Physicians: please write the causes of death clearly and legibly.

The correct age

VS. A15

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 8021

CERTIFICATE OF DEATH

7963

Reg. Dist. No. 245

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. Give correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15 8-51

1. PLACE OF DEATH:
COUNTY Prince George — MARYLAND
CITY (If outside corporate limits, write RURAL) OR TOWN Hyattsville — LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS 3120 Powder Mill Road Paint Branch Nursing Home

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Montgomery
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Silver Spring
STREET ADDRESS (If rural, give location) 419 Windsor Street

3. NAME OF DECEASED: (Type or Print) (First) ~~Dr.~~ Mary (Middle) Selina (Last) Orme

4. DATE OF DEATH: (Month) August (Day) 17 (Year) 19 55

5. SEX: Female

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Widowed

8. DATE OF BIRTH: March 2, 1876

9. AGE last birthday: 79 yrs — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Homemaker

10b. KIND OF BUSINESS OR INDUSTRY: Own home

11. BIRTHPLACE (State or foreign country): Front Royal, Virginia

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Milton Hopper

14. MOTHER'S MAIDEN NAME: Julia Overall

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)

16. SOCIAL SECURITY NO.:

17. INFORMANT & ADDRESS: Mr. Theodore S. Orme 419 Windsor St., Silver Spring, Maryland

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

Immediate cause: 163X (a) Bronchopneumonia — DUE TO

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last: (b) Carcinoma of Lungs with metastasis — DUE TO

(c)

INTERVAL BETWEEN ONSET AND DEATH

II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) M.

INJURY OCCURRED While at work ☐ Not while at work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 8-3, 19 55, to 8-17, 19 55, that I last saw the deceased alive on 8-3, 19 55, and that death occurred at 10:40 a.m., from the causes and on the date stated above.

SIGNATURE (DEGREE OR TITLE) ADDRESS DATE SIGNED
Edmund L. Burnett, M.D. 7701 Carroll Avenue Takoma Park, Md 8/17/55

23. BURIAL, CREMATION REMOVAL (Specify): Burial — DATE THEREOF 8/19/55 — NAME OF CEMETERY OR CREMATORY Arlington Nat'l. Cemetery — LOCATION (City, town, or county) (State) Arlington, Virginia

DATE REC'D BY LOCAL REGISTRAR — REGISTRAR'S SIGNATURE
Aug. 18 1955 Mrs. Jas. Devere (Deputy)

24. FUNERAL DIRECTOR Warren B. Pumphrey — ADDRESS 8434 Ga. Ave. Silver Spring, Md.

Dr. John Maloney, Medical Examiner of Prince George County notified and will approve.

Item 2, Film C186 9-19-55 at 8915

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 089936

CERTIFICATE OF DEATH

Reg. Dist. No. 20

1 PLACE OF DEATH: COUNTY Prince Georges MARYLAND
CITY (If outside corporate limits, write RURAL) OR TOWN Riverdale
LENGTH OF STAY (in this place) 20 da.
HOSPITAL OR INSTITUTION OR STREET ADDRESS Leland Memorial Hosp.

2 USUAL RESIDENCE (HOME) OF DECEASED: STATE Md. COUNTY Anne Arundel
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Jessup
STREET ADDRESS (Wife of Colonel) House of Correction Wayne

3. NAME OF DECEASED: (Type or Print) (First) Claudia (Middle) Lee (Last) Perkins

4 DATE OF DEATH (Month) Aug. (Day) 20 (Year) 1955

5 SEX F | 6. COLOR OR RACE W | 7. SINGLE, MARRIED, ~~WIDOWED, DIVORCED~~ (Specify) | 8. DATE OF BIRTH 7-29-04 | 9 AGE last birthday: 51 yrs | IF UNDER 1 YEAR: Months | Days | IF UNDER 24 HRS: Hours | Min.

10A USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): H.W.

10B KIND OF BUSINESS OR INDUSTRY

11 BIRTHPLACE (State or foreign country): Md.

12. CITIZEN OF WHAT COUNTRY?

13 FATHER'S NAME: Claude Marion Morrison

14 MOTHER'S MAIDEN NAME: Cora Lee Lyddard

15 WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk) | (If Yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT & ADDRESS: Hosp. Records.

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

170 X
IMMEDIATE CAUSE (A) Generalized Carcinomatosis — INTERVAL BETWEEN ONSET AND DEATH: 2 years

ANTECEDENT CAUSE (S):
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST.
DUE TO (B) Adenocarcinoma of Right Breast
DUE TO (C)

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH. None

19A. DATE OF OPERATION: None | 19B. MAJOR FINDINGS OF OPERATION: None | 20. AUTOPSY? YES ☐ NO ☒

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) | 21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.) | 21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) M | 21E INJURY OCCURRED While at work ☐ Not while at work ☐ | 21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from June, 19 55, to Aug 20, 19 55 that I last saw the deceased alive on Aug 20, 19 55, and that death occurred at 3:55 P.M, from the causes and on the date stated above.

SIGNATURE M.D. Robert A. Winfield | ADDRESS 317 Primrose Drive Laurel, Md. | DATE SIGNED 8/20/55

23 BURIAL, CREMATION, REMOVAL (SPECIFY): Burial | DATE THEREOF: Aug 23, 1955 | NAME OF CEMETERY OR CREMATORY: Ivy Hill Cemetery | LOCATION (City, town, or county): Laurel | (State): Md.

DATE REC'D BY LOCAL REGISTRAR: Aug 25-55 | REGISTRAR'S SIGNATURE: Elana Radcliffe | 24 FUNERAL DIRECTOR: De Witt Donaldson | ADDRESS: Laurel, Md

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15 — 10 - 53

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 08022

8907

CERTIFICATE OF DEATH

Item 9, Film G185, 8-24-55 CH

Reg. Dist. No. 231

1 PLACE OF DEATH
COUNTY Prince Georges MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give name of nearest town) Cheverly, Md. 28
LENGTH OF STAY (in this place) 4 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS Prince Geo. Gen. Hospl. 77

2. USUAL RESIDENCE (HOME) OF DECEASED.
STATE Maryland COUNTY Pr. Georges
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Hyattsville, Maryland 13
STREET ADDRESS (If rural give location) 5006 - 37th Place

3 NAME OF DECEASED. (Type or Print) (First) Lola (Middle) JOSEPHINE (Last) Perkins

4. DATE OF DEATH (Month) Aug. (Day) 13, (Year) 19 55

5 SEX: F | 6 COLOR OR RACE: W | 7 SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify): | 8. DATE OF BIRTH: 12/12/69 | 9. AGE last birthday IF UNDER 1 YEAR Months | IF UNDER 24 HRS. Days Hours Min. 85 yrs

10A USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife | 10B KIND OF BUSINESS OR INDUSTRY Private Home | 11 BIRTHPLACE (State or foreign country) Wisconsin | 12. CITIZEN OF WHAT COUNTRY? U.S.A.

13 FATHER'S NAME Stephen Coakalan | 14 MOTHER'S MAIDEN NAME Josephine Haughertz

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) | (If Yes, give war or dates of service) | 16 SOCIAL SECURITY NO | 17. INFORMANT & ADDRESS Hospital Records Cheverly, Md

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

831X IMMEDIATE CAUSE (A) Cerebral (accident)

ANTECEDENT CAUSE (S): DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST.

DUE TO (B) [illegible]

DUE TO (C)

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19A. DATE OF OPERATION: | 19B. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? YES ☐ NO ☐

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) | 21B. PLACE (Home, farm, factory OF INJURY street, office bldg., etc.) | 21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21D TIME (Month) (Day) (Year) (Hour) OF INJURY M. | 21E INJURY OCCURRED While at work ☐ Not while at work ☐ | 21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 4 4 , 19[illegible], to 8-15 , 19[illegible]), that I last saw the deceased alive on 8-[illegible] , 19[illegible]), and that death occurred at 3:15 A.M., from the causes and on the date stated above.

SIGNATURE [illegible] M D ADDRESS [illegible] DATE SIGNED [illegible]

23. BURIAL, CREMATION, REMOVAL (SPECIFY)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	Aug 16, 1955	Arlington National	Arlington Va

DATE REC'D BY LOCAL REGISTRAR Aug 15, 1955 | REGISTRAR'S SIGNATURE Amanda Downey | 24. FUNERAL DIRECTOR ADDRESS F. Gasch's Sons Hyattsville, Maryland.

VS. A15—10-53

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15 — 10 - 53

MARGIN RESERVED FOR BINDING

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The [illegible] especially important. Physicians: please write the causes of death clear[illegible]

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 08995

CERTIFICATE OF DEATH

8964 Reg. Dist. No. 231

1. PLACE OF DEATH
COUNTY Prince George MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Cheverly 38
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS 77 Prince George Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Prince George
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Hyattsville 15
STREET ADDRESS (If rural give location) 4906 46th ave. 1

3. NAME OF DECEASED (Type or Print) (First) Stevenson (Middle) Terry (Last) Gray
4. DATE OF DEATH (Month) Aug (Day) 16 (Year) 1955
5. SEX m.
6. COLOR OR RACE C
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): S.
8. DATE OF BIRTH: Aug. 11, 1955
9. AGE last birthday yrs; IF UNDER 1 YEAR Months, Days 5; IF UNDER 24 HRS Hours, Min.
10A USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)
10B KIND OF BUSINESS OR INDUSTRY
11 BIRTHPLACE (State or foreign country) Maryland
12 CITIZEN OF WHAT COUNTRY? USA
13. FATHER'S NAME: Edward H. Smith
14. MOTHER'S MAIDEN NAME: Pauline Smith
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)
16. SOCIAL SECURITY NO
17. INFORMANT & ADDRESS. Medical rec.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH		INTERVAL BETWEEN ONSET AND DEATH
762.5 IMMEDIATE CAUSE	(A) Prematurity 2lbs 6oz wt	
ANTECEDENT CAUSES — DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST	DUE TO (B) Abnormal pulmonary ventilation	
	DUE TO (C) Hyaline membrane	
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.		

19A. DATE OF OPERATION: 0
19B. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☐

21A ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)
21B PLACE (Home, farm, factory street, office bldg., etc.) OF INJURY
21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY M.
21E INJURY OCCURRED While at work ☐ Not while at work ☐
21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 8/11/ 1955 to 8/16/, 1955 that I last saw the deceased alive on 8/16, 1955, and that death occurred at 8 30 P M, from the causes and on the date stated above.

SIGNATURE Thomas A. Christensen M D
ADDRESS College Park
DATE SIGNED 8/17/55

23. BURIAL, CREMATION, REMOVAL (SPECIFY) Cremation
DATE THEREOF 8/13/55
NAME OF CEMETERY OR CREMATORY Prince George Gardens
LOCATION (City, town, or county) (State) Cheverly Md

DATE REC'D BY LOCAL REGISTRAR 8/21/55
REGISTRAR'S SIGNATURE Amanda Downey
24. FUNERAL DIRECTOR Gary M. Pumphrey
ADDRESS [illegible]

correct age is especially ... and legibly.

VS. A15 — 10 - 5

MARGIN RESERVED FOR BINDING

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 08023

8008

CERTIFICATE OF DEATH

Reg. Dist. No. 245

1 PLACE OF DEATH:
COUNTY: St. Mary's — MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town): Leonardtown
LENGTH OF STAY (in this place): 4 d
HOSPITAL OR INSTITUTION OR STREET ADDRESS: Leonard Memorial Hosp.

2 USUAL RESIDENCE (HOME) OF DECEASED:
STATE: Md. — COUNTY: Pr. George's
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town): Rural - Glen Mount
STREET ADDRESS (If rural give location): Landover, Md.

3 NAME OF DECEASED (Type or Print): (First) Sartell (Middle) (Last) Prentice

4. DATE OF DEATH: (Month) Aug (Day) 24 (Year) 1955

5. SEX: Male
6. COLOR OR RACE: White
7 SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Married
8 DATE OF BIRTH: Sept. 7, 1877
9. AGE last birthday: 77 yrs. — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life even if retired): Stock broker
10B KIND OF BUSINESS OR INDUSTRY: Stock
11 BIRTHPLACE (State or foreign country):
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: William Sartell Prentice
14 MOTHER'S MAIDEN NAME: Not known

15 WAS DECEASED EVER IN U S ARMED FORCES? (Yes, no, or unk.): No — (If Yes, give war or dates of service)
16 SOCIAL SECURITY NO.: None
17 INFORMANT & ADDRESS: Mrs. Sartell Prentice

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH		INTERVAL BETWEEN ONSET AND DEATH
44xx IMMEDIATE CAUSE	(A) Chr. Lit. Hrt. [illegible]	2 mo
ANTECEDENT CAUSE (S) — DUE TO		
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST.	(B)	
DUE TO	(C)	
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH	Chr. Myocarditis	10 yrs.

19A DATE OF OPERATION. **19B. MAJOR FINDINGS OF OPERATION**

20. AUTOPSY? YES ☐ NO ☒

21A ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)
21B. PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)
21D. TIME OF INJURY (Month) (Day) (Year) (Hour) M.
21E INJURY OCCURRED While at work ☐ Not while at work ☐
21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Nov, 1946, to Aug 24, 1955, that I last saw the deceased alive on Aug 24, 1955 and that death occurred at 5 P. M. from the causes and on the date stated above.

SIGNATURE: Robert S. McGarry M.D. — ADDRESS: 402 Main St Leonardtown Md. — DATE SIGNED: 8/24/55

23. BURIAL, CREMATION, REMOVAL (SPECIFY): Burial — DATE THEREOF: Aug. 26, 1955 — NAME OF CEMETERY OR CREMATORY: Saint Barnabas Cem. — LOCATION (City, town, or county) (State): Leeland, Md. Pr. Geo's Co.

DATE REC'D BY LOCAL REGISTRAR: Aug. 30, 1955 — REGISTRAR'S SIGNATURE: Mrs. Jas. Devere Deputy — **24. FUNERAL DIRECTOR:** Ritchie Bros. — ADDRESS: Upper Marlboro, Md.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 08024

8909

CERTIFICATE OF DEATH

Reg. Dist. No. 231

1. PLACE OF DEATH: COUNTY Prince Geo County MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Cheverly
LENGTH OF STAY (in this place) 17 yrs
HOSPITAL OR INSTITUTION OR STREET ADDRESS 5702 Forest Rd.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Prince
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Cheverly, Md
STREET ADDRESS (If rural give location) 5702 Forest Rd.

3. NAME OF DECEASED: (Type or Print) (First) Mary (Middle) Louise (Last) Rea

4. DATE OF DEATH: (Month) Aug (Day) 27 (Year) 1955

5. SEX: F

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married

8. DATE OF BIRTH: Sept 29, 1889

9. AGE last birthday: 66 yrs. IF UNDER 1 YEAR: Months Days IF UNDER 24 HRS.: Hours Min.

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired): House wife

10b. KIND OF BUSINESS OR INDUSTRY: —

11. BIRTHPLACE (State or foreign country): Washington, D.C

12. CITIZEN OF WHAT COUNTRY? U.S

13. FATHER'S NAME: Joseph C Eller

14. MOTHER'S MAIDEN NAME: Margaret Lavezzi

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service): No.

16. SOCIAL SECURITY NO.: No.

17. INFORMANT & ADDRESS: Mr. Harry Rea.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

156.1

Immediate cause (a) Congestive Heart Failure — Interval Between Onset And Death: 1 wk.

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last.

DUE TO (b) Cancer of Liver — 6 mos.

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: —

19b. MAJOR FINDINGS OF OPERATION —

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURED While at Work ☐ Not While At Work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 29 July, 1955 to 27 Aug, 1955, that I last saw the deceased alive on 27 Aug, 1955, and that death occurred at 3:50 PM, from the causes and on the date stated above.

SIGNATURE Thos M. Hutchins (Degree or title) M.D. ADDRESS 7315 Landover Rd Hyattsville Md DATE SIGNED 29 Aug 1955

23. BURIAL, CREMATION, REMOVAL (Specify) Burial DATE THEREOF Aug 30-55 NAME OF CEMETERY OR CREMATORY Cedar Hill LOCATION (City, town, or county) Suitland (State) Md

DATE REC'D BY LOCAL REGISTRAR 8/29/55 REGISTRAR'S SIGNATURE Amanda Downey

24. FUNERAL DIRECTOR Lewis & Sons ADDRESS 3004 - 14th St N.W.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

7975

08025

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 Reg. Dist.

MEDICAL EXAMINER'S CERTIFICATE OF DEATH No. 245

1. PLACE OF DEATH:
COUNTY Prince Georges MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town), OR TOWN Mt. Rainier
LENGTH OF STAY (in this place) 2 yrs
HOSPITAL OR INSTITUTION OR STREET ADDRESS 3202 Chillum Rd

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Md COUNTY Pr. Geo.
CITY (If outside corporate limits write RURAL and give nearest town) OR TOWN Mt. Rainier
STREET ADDRESS (If rural, give location) 3202 - Chillum Rd.

3. NAME OF DECEASED: (Type or Print) (First) Seabrook (Middle) Bryant (Last) Penn
4. DATE OF DEATH (Month) 8 (Day) 13 (Year) 1955
5. SEX: Male
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify): Married
8. DATE OF BIRTH: 5-26-95
9. AGE last birthday: 59 yrs.
IF UNDER 1 YEAR: Months / Days
IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of work life, even if retired): Engineer
10b. KIND OF BUSINESS OR INDUSTRY: Civil Engineering
11. BIRTHPLACE (State or foreign country): N. Carolina
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Thomas Penn
14. MOTHER'S MAIDEN NAME: Mary Hawkins

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) Yes (If Yes, give war or dates of service) W.W. 1
16. SOCIAL SECURITY NO:
17. INFORMANT & ADDRESS: Wife - Same address

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:
442 X
Immediate cause (a) DUE TO Acute Congestive Heart failure
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last (b) DUE TO Cardiovascular Renal disease
(c)
INTERVAL BETWEEN ONSET AND DEATH

II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19a. DATE OF OPERATION:
19b. MAJOR FINDING OF OPERATION:
20. AUTOPSY? Yes ☐ No ☐

21a. EXTERNAL CAUSE WAS PRIMARY ☐ or CONTRIBUTING ☐ CAUSE OF DEATH.
21b. PLACE (Home, farm, factory, OF street, office bldg., etc., INJURY
21c. (City or town) (County) (State)
21d. TIME (Month) (Day) (Year) (Hour) OF INJURY M.
21e. INJURY OCCURRED While at work ☐ Not while at work ☐
21f. HOW DID INJURY OCCUR?

22. I hereby certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☒ Inquiry ☒, and find that death resulted from: Natural causes ☐, Accident ☐, Suicide ☐, Homicide ☐, Undetermined cause ☐.

SIGNATURE John J. Maloney (Hyattsville, Md) M. D.
CHIEF MEDICAL EXAMINER ☐
DEPUTY MEDICAL EXAMINER ☒
ASSISTANT MEDICAL EXAM. ☐
DATE SIGNED 8-13-55

23. BURIAL, CREMATION, REMOVAL (Specify) ? Burial
DATE THEREOF 8/16/55
NAME OF CEMETERY OR CREMATORY Arlington National
LOCATION (City, town, or county) Arlington (State) Va

DATE REC'D BY LOCAL REG. 8/16/55
REGISTRAR'S SIGNATURE Mrs. Jas. Severe Deputy
24. FUNERAL DIRECTOR Frascella Sons
ADDRESS Hyattsville Md

VS. A15A - 5 - 53

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

7965

CERTIFICATE OF DEATH

Reg. Dist. No. 1230

1. PLACE OF DEATH:
COUNTY Pr. Geo. MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN College Park
LENGTH OF STAY (in this place) 3 mos.
HOSPITAL OR INSTITUTION OR STREET ADDRESS Prince Geo. Nursing Home

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Md. COUNTY Pr. Geo.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Bellsville
STREET ADDRESS (If rural, give location) 11713 Chalcoate Lane

3. NAME OF DECEASED: (Type or Print) (First) Wm (Middle) Milton (Last) Pielen

4. DATE OF DEATH: (Month) 8 (Day) 23 (Year) 1955

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married

8. DATE OF BIRTH: 22 Nov. 1877

9. AGE last birthday: 77 yrs.
IF UNDER 1 YEAR: Months / Days
IF UNDER 24 HRS: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Retired U.S. Govt. Clerk

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Md.

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: John H. J. Pielen

14. MOTHER'S MAIDEN NAME: Kate L. Sutherland

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No

16. SOCIAL SECURITY No.:

17. INFORMANT & ADDRESS: Louise Pielen Wife same as above

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

331X

Immediate cause (a) Bronchopneumonia

DUE TO

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last

(b) Cerebrovascular Accident

DUE TO

(c) Arteriosclerosis

INTERVAL BETWEEN ONSET AND DEATH

II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY

(CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) M.

INJURY OCCURRED While at work ☐ Not while at work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 8/22, 1955, to 8/23, 1955, that I last saw the deceased alive on 8/22, 1955, and that death occurred at 1:55 p.m., from the causes and on the date stated above.

SIGNATURE (DEGREE OR TITLE) ADDRESS DATE SIGNED

Edmund L. Burnett M.D. 7701 Carroll Ave. Takoma Park Md. 8/23/55

23. BURIAL, CREMATION, REMOVAL (Specify): Cremation

DATE THEREOF 8/24/55

NAME OF CEMETERY OR CREMATORY Ft. Lincoln Cem.

LOCATION (City, town, or county) (State) Colmar Manor, Md.

DATE REC'D BY LOCAL REG. 8/24/55

REGISTRAR'S SIGNATURE Amanda Downey John D. Smith

24. FUNERAL DIRECTOR

ADDRESS J. Sacchi Davis - Hyattsville, Md.

VS. A15 8-51

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 08027

8339 CERTIFICATE OF DEATH

Reg. Dist. No. 242

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1 PLACE OF DEATH:
COUNTY Prince George — MARYLAND
CITY (If outside corporate limits, write RURAL) OR TOWN X Friendly — LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2 USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland — COUNTY Prince Geo
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Friendly X
STREET ADDRESS (If rural give location) 8325 Allentown Rd.

3. NAME OF DECEASED: (Type or Print) (First) WILLIAM (Middle) JAMES (Last) PARCH
4. DATE OF DEATH (Month) Aug. (Day) 21 (Year) 1955

5. SEX: Male | 6. COLOR OR RACE: White | 7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Widower | 8. DATE OF BIRTH: 5/29/77 | 9. AGE Last birthday: 78 yrs. | IF UNDER 1 YEAR: Months, Days | IF UNDER 24 HRS.: Hours, Min.

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired: Laborer | 10b. KIND OF BUSINESS OR INDUSTRY: U.S. Govt | 11 BIRTHPLACE (State or foreign country): Richmond Va | 12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Unknown | 14. MOTHER'S MAIDEN NAME: Unknown

15 WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No | (If Yes, give war or dates of service) None | 16. SOCIAL SECURITY No.: None | 17. INFORMANT'S NAME AND ADDRESS: Bessie E. Dodson 8325 Allentown Rd. Wash 22 D.C.

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH.

Immediate cause (a) Congestive Heart Failure — Interval Between Onset And Death

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last.
DUE TO (b) Arteriosclerotic Hypertensive Cardiovascular
DUE TO (c) Disease

11. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) | PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY | (CITY OR TOWN) | (COUNTY) | (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. | INJURY OCCURED While at Work ☐ Not While At Work ☐ | HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 5/ ....., 1955, to 8/24, 1955, that I last saw the deceased alive on 8/19, 1955, and that death occurred at 2PM, from the causes and on the date stated above.

SIGNATURE (Degree or title) David Lenahan - M.D. | ADDRESS 2901 Fairlawn, S.E. | DATE SIGNED 8/21/55

23. BURIAL, CREMATION, REMOVAL (Specify) Burial | DATE THEREOF 8/23/55 | NAME OF CEMETERY OR CREMATORY Shiloh Methodist | LOCATION (City, town, or county) (State) Bryans Rd Charles Co. Md.

DATE REC'D BY LOCAL REGISTRAR 8-22-55 | REGISTRAR'S SIGNATURE Carrie F. Campbell

24. FUNERAL DIRECTOR W. W. Chambers Co. | ADDRESS 517 11th St SE

VS. A15

7963 **MARYLAND STATE DEPARTMENT OF HEALTH** 08028

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 285

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH: COUNTY Prince Georges MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Hyattsville
LENGTH OF STAY (in this place) 36 years
HOSPITAL OR INSTITUTION OR STREET ADDRESS 6007-44th Ave

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md COUNTY Prince Georges
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Hyattsville
STREET ADDRESS (If rural, give location) 6007-44th Ave

3. NAME OF DECEASED (Type or Print) (First) JOHN (Middle) EDWARD (Last) RYMER

4. DATE OF DEATH (Month) Aug (Day) 29 (Year) 1955

5. SEX Male
6. COLOR OR RACE white
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Married
8. DATE OF BIRTH Oct 7-1885
9. AGE last birthday 69 yrs. If under 1 year: Months / Days; If under 24 hrs: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Auditor
10b. KIND OF BUSINESS OR INDUSTRY U.S Govt
11. BIRTHPLACE (State or foreign country) Asheville N.C
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME Thomas Rymer
14. MOTHER'S MAIDEN NAME —

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If year, give war or dates of service) 1905
16. SOCIAL SECURITY No.
17. INFORMANT AND ADDRESS Mrs Agnes Rymer Hyattsville, Md

18. MEDICAL CERTIFICATION

		INTERVAL BETWEEN ONSET AND DEATH
I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH		
420.1 Immediate cause (a)	Coronary occlusion	sudden
Antecedent cause(s) — Disease or conditions, if any, giving rise to the above cause stating the underlying cause last (b)	Coronary artery disease	[illegible] years
(c)		
II. OTHER SIGNIFICANT CONDITIONS — Conditions contributing to the death but not related to the disease or condition causing death.		

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Aug 18, 1955, to Aug 29, 1955, that I last saw the deceased alive on Aug 29, 1955, and that death occurred at 7:45 p.m., from the causes and on the date stated above.

SIGNATURE (Degree or title) [illegible] ADDRESS [illegible] DATE SIGNED

23. BURIAL, CREMATION, REMOVAL (Specify) Burial
DATE Sept 1, 1955
NAME OF CEMETERY OR CREMATORY Arlington National
LOCATION (City, town, or county) Arlington (State) Va

DATE REC'D BY LOCAL REG. 9/1/55
REGISTRAR'S SIGNATURE Mrs Jas. [illegible] (Deputy)
24. FUNERAL DIRECTOR Gasch's Sons ADDRESS Hyattsville Md

VS. A15

8210 68244

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 Reg. Dist.

MEDICAL EXAMINER'S CERTIFICATE OF DEATH No. 245

1. PLACE OF DEATH:
COUNTY Prince Georges MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Brentwood
LENGTH OF STAY (In this place) 8 yrs.
HOSPITAL OR INSTITUTION OR STREET ADDRESS 4406 - 38th Street

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Md COUNTY Prince Georges
CITY (If outside corporate limits write RURAL and give nearest town) OR TOWN Brentwood
STREET ADDRESS (If rural, give location) 4406 - 38th Street

3. NAME OF DECEASED: (Type or Print) (First) Ina (Middle) Russell (Last) Sage

4. DATE OF DEATH (Month) 8 (Day) 31 (Year) 1955

5. SEX: Male **6. COLOR OR RACE:** White **7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify):** Married **8. DATE OF BIRTH:** 7-30-93 **9. AGE last birthday:** 62 yrs.
IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of work life, even if retired): Estimator **10b. KIND OF BUSINESS OR INDUSTRY:** Plumbing **11. BIRTHPLACE** (State or foreign country): Ohio **12. CITIZEN OF WHAT COUNTRY?** U.S.A.

13. FATHER'S NAME: Unknown **14. MOTHER'S MAIDEN NAME:** Unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) Yes · WW I - (If Yes, give war or dates of service) **16. SOCIAL SECURITY NO.:** **17. INFORMANT & ADDRESS:** Wife - Same address.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

Immediate cause (a) Acute congestive heart failure — DUE TO

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last (b) Arteriosclerotic heart disease — DUE TO

(c) Arteriosclerosis

420.0

INTERVAL BETWEEN ONSET AND DEATH

II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19a. DATE OF OPERATION: **19b. MAJOR FINDING OF OPERATION:** **20. AUTOPSY?** Yes ☐ No ☒

21a. EXTERNAL CAUSE WAS PRIMARY ☐ or CONTRIBUTING ☐ CAUSE OF DEATH. **21b. PLACE** (Home, farm, factory, OF street, office bldg., etc., INJURY **21c.** (City or town) (County) (State)

21d. TIME (Month) (Day) (Year) (Hour) OF INJURY M. **21e. INJURY OCCURRED** While at work ☐ Not while at work ☐ **21f. HOW DID INJURY OCCUR?**

22. I hereby certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☒, Inquiry ☒, and find that death resulted from: Natural causes ☒, Accident ☐, Suicide ☐, Homicide ☐, Undetermined cause ☐.

SIGNATURE John D. Maloney (Hyattsville, Md) M. D. CHIEF MEDICAL EXAMINER ☐ DEPUTY MEDICAL EXAMINER ☒ ASSISTANT MEDICAL EXAM. ☐ DATE SIGNED 8-31-55

23. BURIAL, CREMATION, REMOVAL (Specify): Burial **DATE THEREOF** 9/2/55 **NAME OF CEMETERY OR CREMATORY** Arlington National **LOCATION** (City, town, or county) Arlington, Va. (State)

DATE REC'D BY LOCAL REG. 9-1-1955 **REGISTRAR'S SIGNATURE** Mrs Jas. Severe (Deputy) **24. FUNERAL DIRECTOR** Eastern Funeral Home, Inc. **ADDRESS** 3200 R.I. Ave. Mt. Rainier, Md.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15A - 5 - 53

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 08029

7970

CERTIFICATE OF DEATH

Reg. Dist. No. 045

1. PLACE OF DEATH. COUNTY Prince George's. Hyattsville MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) 15
LENGTH OF STAY (in this place) 4 months.
HOSPITAL OR INSTITUTION OR STREET ADDRESS 90 Hyattsville Rest Home

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE MD COUNTY Prince Geo.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Hyattsville 15
STREET ADDRESS (If rural give location) 5801 - 42 Ave

3. NAME OF DECEASED. (Type or Print) (First) Robert (Middle) F. (Last) Saunders

4. DATE OF DEATH: (Month) Aug (Day) 10 (Year) 1955

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify) Married

8. DATE OF BIRTH: May 20 1876

9. AGE last birthday: 79 yrs. IF UNDER 1 YEAR: Months Days IF UNDER 24 HRS.: Hours Min.

10A. USUAL OCCUPATION. Give kind of work done during most of working life, even if retired): Retired

10B. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Lees Burg Va.

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Elbert L Saunders

14. MOTHER'S MAIDEN NAME: Sarah Serena LeFevre

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service) None

16. SOCIAL SECURITY NO.

17. INFORMANT & ADDRESS Mrs. Mira Saunders

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

420.1

IMMEDIATE CAUSE (A) Coronary Thrombosis — INTERVAL BETWEEN ONSET AND DEATH: 2 weeks

ANTECEDENT CAUSE (S)

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST.

DUE TO (B) arteriosclerotic heart disease — 5 yrs.

DUE TO (C)

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19A. DATE OF OPERATION:

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☐ NO ☒

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)

21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) M.

21E. INJURY OCCURRED While at work ☐ Not while at work ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 7/31, 1955, to 8/9, 1955, that I last saw the deceased alive on 8/9, 1955, and that death occurred at 6:10 A.M, from the causes and on the date stated above.

SIGNATURE Harold F McCann M.D. ADDRESS 3008-14th N.W. Wash. D.C. DATE SIGNED 8/10/55

23. BURIAL, CREMATION, REMOVAL (SPECIFY) Burial. DATE THEREOF 8/13/55 NAME OF CEMETERY OR CREMATORY Prospect Hill LOCATION (City, town, or county) Washington (State) D.C.

DATE REC'D BY LOCAL REGISTRAR Aug 10 1955 REGISTRAR'S SIGNATURE Mrs. Jos. Severe (Mrs.)

24. FUNERAL DIRECTOR William Lee's Sons Co. ADDRESS 900 F St NE Wash. D.C.

MARGIN RESERVED FOR BINDING

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15—10-53

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 08039

8012

CERTIFICATE OF DEATH

Reg. Dist. No. 231

1. PLACE OF DEATH: COUNTY Prince Georges MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) 38 Lovely Md. LENGTH OF STAY (in this place) 6 Days
HOSPITAL OR INSTITUTION OR STREET ADDRESS 77 Prince Georges Gen. Hosp.

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE Maryland COUNTY Pr. Georges
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Greenbelt, Md. 23
STREET ADDRESS (If rural give location) 7-A-Crescent Rd.

3. NAME OF DECEASED. (Type or Print) (First) Agatha (Middle) PAULINE (Last) Schwan

4. DATE OF DEATH (Month) Aug. (Day) 16 (Year) 1955

5. SEX F | 6. COLOR OR RACE W | 7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify): M | 8. DATE OF BIRTH 4/20-17 | 9. AGE last birthday 38 yrs | IF UNDER 1 YEAR Months | Days | IF UNDER 24 HRS. Hours | Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): housewife | 10B. KIND OF BUSINESS OR INDUSTRY: — | 11. BIRTHPLACE (State or foreign country): Dunkirk, New York | 12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Raymond C Locker | 14. MOTHER'S MAIDEN NAME: Pauline Smith

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) no (If Yes, give war or dates of service) | 16. SOCIAL SECURITY NO. yes | 17. INFORMANT & ADDRESS. Charles H. Schwan - husband 7-A Crescent Rd. Greenbelt, Md.

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

204.0
IMMEDIATE CAUSE (A) Leukemia, lymphatic, acute — INTERVAL BETWEEN ONSET AND DEATH 17 mos.

ANTECEDENT CAUSE (S)
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST (B) DUE TO

(C)

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19A. DATE OF OPERATION: | 19B. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? YES ☐ NO ☐

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) | 21B. PLACE (Home, farm, factory OF INJURY street, office bldg., etc.) | 21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY M. | 21E. INJURY OCCURRED While at work ☐ Not while at work ☐ | 21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from August 1953 to 8-15, 1955, that I last saw the deceased alive on 8-15-, 1955, and that death occurred at 5:30 P.M. from the causes and on the date stated above.
SIGNATURE Hans Wodarz M D ADDRESS 30-C Village No Preamble, Md DATE SIGNED 8-15-55

23. BURIAL, CREMATION, REMOVAL (SPECIFY) Burial | DATE THEREOF 8-20-1955 | NAME OF CEMETERY OR CREMATORY Forest Hills | LOCATION (City, town, or county) Fredonia, New York (State)

DATE REC'D BY LOCAL REGISTRAR 8/16/55 | REGISTRAR'S SIGNATURE Amanda Dorsey | 24. FUNERAL DIRECTOR W. W. Chambers & Co. ADDRESS Riverdale, Md.

VS. A15—10-53

MARGIN RESERVED FOR BINDING

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

8312

08031
Reg. Dist.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

MEDICAL EXAMINER'S CERTIFICATE OF DEATH

No. 245

1. PLACE OF DEATH:
COUNTY Prince Georges MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) 25 Riverdale
LENGTH OF STAY (in this place) 3 hrs.
HOSPITAL OR INSTITUTION OR STREET ADDRESS 76 Leland Memorial Hosp

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Md COUNTY Montgomery
CITY OR TOWN (If outside corporate limits write RURAL and give nearest town) Silver Springs -
STREET ADDRESS (If rural, give location) 10709 - Georgia Ave

3. NAME OF DECEASED: (Type or Print) (First) James (Middle) John (Last) Shoris

4. DATE OF DEATH (Month) 8 (Day) 8 (Year) 1955

5. SEX: Male
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Single
8. DATE OF BIRTH: 8-29-35
9. AGE last birthday: 19 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of work life, even if retired): Student
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): New York City
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: John Shoris
14. MOTHER'S MAIDEN NAME: Lena Magdalin Schneibach

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service)
16. SOCIAL SECURITY No.:
17. INFORMANT & ADDRESS: Bradford Patterson Silver Springs, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH: 330x

Immediate cause (a) Subarachnoid hemorrhage
DUE TO
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last (b) Ruptured berry aneurysm
DUE TO
(c)

INTERVAL BETWEEN ONSET AND DEATH

II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19a. DATE OF OPERATION:
19b. MAJOR FINDING OF OPERATION:
20. AUTOPSY? Yes ☒ No ☐

21a. EXTERNAL CAUSE WAS PRIMARY ☐ or CONTRIBUTING ☐ CAUSE OF DEATH.
21b. PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.)
21c. (City or town) (County) (State)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) M.
21e. INJURY OCCURRED While at work ☐ Not while at work ☐
21f. HOW DID INJURY OCCUR?

22. I hereby certify that I took charge of the remains described above, held an Autopsy ☒, Inspection ☒, Inquiry ☒, and find that death resulted from: Natural causes ☒, Accident ☐, Suicide ☐, Homicide ☐, Undetermined cause ☐.

SIGNATURE John J. Maloney (Hyattsville Md) M. D.
CHIEF MEDICAL EXAMINER ☐
DEPUTY MEDICAL EXAMINER ☒
ASSISTANT MEDICAL EXAM. ☐
DATE SIGNED 8-8-55

23. BURIAL, CREMATION, REMOVAL (Specify) Removal
DATE THEREOF 8-8-55
NAME OF CEMETERY OR CREMATORY Removal
LOCATION (City, town, or county) (State) 8434 Georgia Ave Sil Sp.

DATE REC'D BY LOCAL REG. 8-8-1955
REGISTRAR'S SIGNATURE Mrs. Jas. Devereo (Deputy)
24. FUNERAL DIRECTOR Warner E. Pumphrey
ADDRESS 8434 Ga Ave Sil Sp

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15A - 5 - 53

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 08032

Item 11, See; Birth Cert.

8913

CERTIFICATE OF DEATH

Reg. Dist. No. 231

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15 — 10 - 53

1. PLACE OF DEATH
   COUNTY Prince George's MARYLAND
   CITY (If outside corporate limits, write RURAL) OR TOWN Lanby Maryland
   LENGTH OF STAY (in this place)
   HOSPITAL OR INSTITUTION OR STREET ADDRESS Prince George Gen. Hosp.

2. USUAL RESIDENCE (HOME) OF DECEASED:
   STATE Md. COUNTY Pr. Geo.
   CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Brandywine Md.
   STREET ADDRESS (If rural give location) X

3. NAME OF DECEASED (Type or Print): (First) Baby (Middle) Boy (Last) Smith

4. DATE OF DEATH: (Month) Aug. (Day) 21, (Year) 19 55

5. SEX: M | 6. COLOR OR RACE: C | 7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify): | 8. DATE OF BIRTH: 12/29/54 | 9. AGE last birthday: IF UNDER 1 YEAR Months 7 mos. Days | IF UNDER 24 HRS Hours | Min. | yrs.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired):

10B. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Pri. Geo. Co., Md.

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: John R. Smith

14. MOTHER'S MAIDEN NAME: Ethel Harper

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)

16. SOCIAL SECURITY NO

17. INFORMANT & ADDRESS

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

754 IMMEDIATE CAUSE (A) Bronchopneumonia — INTERVAL BETWEEN ONSET AND DEATH: 24 hours

ANTECEDENT CAUSE (S) DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST.

DUE TO (B) Congestive Heart Failure — 24 hours

DUE TO (C) congenital Heart Disease Interventricular Septal Defect — birth

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19A. DATE OF OPERATION 19B MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☑ NO ☐

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)

21B PLACE (Home, farm, factory OF INJURY street, office bldg., etc

21C WHERE DID INJURY OCCUR? (City or town) (County) (State)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY M.

21E INJURY OCCURRED While at work ☐ Not while at work ☐

21F HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Aug 26, 19 55, to Aug 21, 1955, that I last saw the deceased alive on Aug. 21, 19 55, and that death occurred at 4 P.M., from the causes and on the date stated above.

SIGNATURE M.D. John W. Pulaski — ADDRESS 5301 Hamilton St. Hyatts. Md. — DATE SIGNED 8/24/55

23. BURIAL, CREMATION, REMOVAL (SPECIFY) Burial — DATE THEREOF 8/24/55 — NAME OF CEMETERY OR CREMATORY House of Prayer — LOCATION (City, town, or county) (State) Brandywine, Md.

DATE REC'D BY LOCAL REGISTRAR 8/22/55 — REGISTRAR'S SIGNATURE Amanda L. Feaney

24. FUNERAL DIRECTOR J.T. Stewart — ADDRESS Washington, D.C.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 08033

8814 CERTIFICATE OF DEATH Reg. Dist. No. 245

1. PLACE OF DEATH:
COUNTY Prince George's MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Riverdale Md. LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS Prince Georges Hosp

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Md COUNTY Pr Geo
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN College Park, Md.
STREET ADDRESS (If rural give location) 4710 Edgewood Rd.

3. NAME OF DECEASED: (Type or Print) (First) Margaret (Middle) (Last) Smith

4. DATE OF DEATH: (Month) Aug. (Day) 27, (Year) 1955

5. SEX: F | 6. COLOR OR RACE: W | 7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify) WIDOWED | 8. DATE OF BIRTH 10/25/1880 | 9. AGE last birthday IF UNDER 1 YEAR Months Days | IF UNDER 24 HRS. Hours Min. | 74 yrs.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife | 10B. KIND OF BUSINESS OR INDUSTRY: own home | 11. BIRTHPLACE (State or foreign country) New York | 12. CITIZEN OF WHAT COUNTRY? U.S.A

13. FATHER'S NAME: Patrick Considine | 14. MOTHER'S MAIDEN NAME Elizabeth Boyle

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) | (If Yes, give war or dates of service) | 16. SOCIAL SECURITY NO. | 17. INFORMANT & ADDRESS Hospital Riverdale Riverdale, Md

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

IMMEDIATE CAUSE (A) Cerebral Thrombosis

ANTECEDENT CAUSE (S) DUE TO (B) Arterio-sclerotic Heart Dis

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. DUE TO (C) Generalized Arterio-sclerosis

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19A. DATE OF OPERATION. | 19B. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? YES ☐ NO ☒

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) | 21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.) | 21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) M. | 21E. INJURY OCCURRED While at work ☐ Not while at work ☐ | 21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Aug. 23, 1955, to Aug. 27, 1955, that I last saw the deceased alive on 8/26, 1955, and that death occurred at 10:15 A M, from the causes and on the date stated above.
SIGNATURE Edw. Etienne M. D. ADDRESS College Park Md DATE SIGNED 8/27/55

23. BURIAL, CREMATION, REMOVAL (Specify) transportation | DATE THEREOF 8/27/55 | NAME OF CEMETERY OR CREMATORY St Peters Cemetery | LOCATION (City, town, or county) Staten Island N.Y. (State)

DATE REC'D BY LOCAL REGISTRAR Aug 27 1955 | REGISTRAR'S SIGNATURE Mrs Jos Lovero (Deputy) | 24. FUNERAL DIRECTOR Beach & Sons | ADDRESS Hyattsville, Md.

MARGIN RESERVED FOR BINDING

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15—10-53

VS. A15 — 10 - 53

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 08034

8949 **CERTIFICATE OF DEATH** Reg. Dist. No. 231

1. PLACE OF DEATH:
COUNTY Prince George MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Cottage City
LENGTH OF STAY (in this place) 32 yrs
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Md COUNTY Prince Geo
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Cottage City
STREET ADDRESS (If rural give location) 4114 Cottage Terrace

3. NAME OF DECEASED: (Type or Print) (First) William (Middle) Richardson (Last) Smith

4. DATE OF DEATH: (Month) Aug (Day) 6 (Year) 1955

5. SEX M
6. COLOR OR RACE: W
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH Nov 23 1883
9. AGE last birthday 71 yrs; If under 1 year: Months, Days; If under 24 Hrs.: Hours, Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Retired
10B. KIND OF BUSINESS OR INDUSTRY: B & O R.R.
11. BIRTHPLACE (State or foreign country): West Virginia
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Harris M Smith
14. MOTHER'S MAIDEN NAME: Martha Yates

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) no (If Yes, give war or dates of service) No
16. SOCIAL SECURITY No. —
17. INFORMANT & ADDRESS

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

581.0

IMMEDIATE CAUSE (A) Cirrhosis of liver

ANTECEDENT CAUSE (S) DUE TO (B)

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. DUE TO (C)

INTERVAL BETWEEN ONSET AND DEATH

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19A. DATE OF OPERATION:
19B. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☐

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)
21B PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) M.
21E INJURY OCCURRED While at work ☐ Not while at work ☐
21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 7/5, 1955, to 8/6, 1955, that I last saw the deceased alive on 8/6, 1955, and that death occurred at 5:15 P.M. from the causes and on the date stated above.

SIGNATURE Earl W. Graeff M. D. ADDRESS 2716 Kirkwood Pl. W. Hyattsville Md. DATE SIGNED 8/6/55

23. BURIAL, CREMATION, REMOVAL (SPECIFY) Burial
DATE THEREOF 8/9/55
NAME OF CEMETERY OR CREMATORY Glenwood Cem.
LOCATION (City, town, or county) (State) Washington, D.C.

DATE REC'D BY LOCAL REGISTRAR 8/6/55
REGISTRAR'S SIGNATURE Amanda Downey
24 FUNERAL DIRECTOR S. H. Hines Co. ADDRESS 2901-14th St. N.W.

8041

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

08035 Reg. Dist.

MEDICAL EXAMINER'S CERTIFICATE OF DEATH No 242

1. PLACE OF DEATH: COUNTY Prince George's MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Hillsboro
LENGTH OF STAY (in this place) 3 months
HOSPITAL OR INSTITUTION OR STREET ADDRESS 2003 Houston Street

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Prince George
CITY (If outside corporate limits write RURAL and give nearest town) OR TOWN Hillsboro
STREET ADDRESS (If rural, give location) 2003 Houston Street

3. NAME OF DECEASED: (Type or Print) (First) Nellie (Middle) Ann (Last) Spence
4. DATE OF DEATH (Month) Aug (Day) 7 (Year) 19 55
5. SEX: Female
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married
8. DATE OF BIRTH: March 8, 1910
9. AGE last birthday: 45 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of work life, even if retired): Housewife
10b. KIND OF BUSINESS OR INDUSTRY: Own Home
11. BIRTHPLACE (State or foreign country): South Carolina
12. CITIZEN OF WHAT COUNTRY? U.S.A.
13. FATHER'S NAME: Andrew Hart
14. MOTHER'S MAIDEN NAME: Eliza Phillips
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service): No
16. SOCIAL SECURITY NO.:
17. INFORMANT & ADDRESS: Robert Corley Spence, Same address

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) Exhaustion	
DUE TO		
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last	(b) Brain tumor	1948
DUE TO		
	(c)	

II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19a. DATE OF OPERATION: Sept 10, 1948
19b. MAJOR FINDING OF OPERATION: Brain tumor, non malignant
20. AUTOPSY? Yes ☐ No ☑

21a. EXTERNAL CAUSE WAS PRIMARY ☐ or CONTRIBUTING ☐ CAUSE OF DEATH.
21b PLACE (Home, farm, factory, OF street, office bldg., etc., INJURY
21c. (City or town) (County) (State)
21d. TIME (Month) (Day) (Year) (Hour) OF INJURY M
21e. INJURY OCCURRED While at work ☐ Not while at work ☐
21f. HOW DID INJURY OCCUR?

22. I hereby certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☑, Inquiry ☑, and find that death resulted from: Natural causes ☑, Accident ☐, Suicide ☐, Homicide ☐, Undetermined cause ☐.

SIGNATURE [signature] M. D.
CHIEF MEDICAL EXAMINER ☑
DEPUTY MEDICAL EXAMINER ☑
ASSISTANT MEDICAL EXAM. ☐
DATE SIGNED 8-7-55

23. BURIAL, CREMATION, REMOVAL (Specify): Buried
DATE THEREOF 8-10-55
NAME OF CEMETERY OR CREMATORY Fort Lincoln Cem.
LOCATION (City, town, or county) (State) Bladensburg, Maryland
DATE REC'D BY LOCAL REG. Aug. 9-55
REGISTRAR'S SIGNATURE Carrie F. Campbell
24. FUNERAL DIRECTOR W. W. Chambers Co
ADDRESS Washington, D. C.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15A - 5 - 53

Spicer -

8915

Item , Fil-G185 8-15-55 et

MARYLAND STATE DEPARTMENT OF HEALTH

08036

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 231

1. PLACE OF DEATH: COUNTY Prince Georges Hospital MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Cheverly
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Hyattsville Md. COUNTY Prince George
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN 3515 Longfellow st.
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print) (First) Mary (Middle) Carmel (Last) Spicer
4. DATE OF DEATH (Month) Aug. (Day) 1, (Year) 1955

5. SEX F
6. COLOR OR RACE W
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) married
8. DATE OF BIRTH Aug. 4, 1894
9. AGE last birthday 60 yrs. If under 1 year: Months, Days. If under 24 hrs.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired
10b. KIND OF BUSINESS OR INDUSTRY Govt.
11. BIRTHPLACE (State or foreign country) Washington, D.C.
12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME William Walsh
14. MOTHER'S MAIDEN NAME Deason

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)
16. SOCIAL SECURITY No.
17. INFORMANT AND ADDRESS Mary Fields - (daughter)

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Cerebral accident — INTERVAL BETWEEN ONSET AND DEATH: 7 days

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Generalized Arteriosclerosis

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 3-[illegible], 1950, to 8-1, 1955, that I last saw the deceased alive on 7-31, 1955, and that death occurred at .... m., from the causes and on the date stated above.

SIGNATURE [illegible] (Degree or title) M.D. ADDRESS Hyattsville Md. DATE SIGNED 8-1-55

23. BURIAL, CREMATION, REMOVAL (Specify) —
DATE THEREOF 8-1
NAME OF CEMETERY OR CREMATORY
LOCATION (City, town, or county) (State) Wash. D.C.

DATE REC'D BY LOCAL REG. 8/1/55
REGISTRAR'S SIGNATURE [illegible]
24. FUNERAL DIRECTOR [illegible]
ADDRESS [illegible]

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 (8037)

8042

CERTIFICATE OF DEATH

Reg. Dist. No. 73

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15—10-53

1. PLACE OF DEATH:
COUNTY Prince Georges MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) X University Park
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS 6412 Baltimore Avenue

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Prince Georges
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) University Park
STREET ADDRESS (If rural give location) 6412 Baltimore Avenue

3. NAME OF DECEASED (Type or Print): (First) Annie (Middle) M. (Last) Talbert

4. DATE OF DEATH: (Month) August (Day) 4, (Year) 1955

5. SEX: Female

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED DIVORCED, (Specify) Widowed

8. DATE OF BIRTH: Sept. 5, 1861

9. AGE last birthday: 93 yrs | IF UNDER 1 YEAR Months | Days | IF UNDER 24 HRS Hours | Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife

10B. KIND OF BUSINESS OR INDUSTRY: Own Home

11. BIRTHPLACE (State or foreign country): Washington, D.C.

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Robert Padgett

14. MOTHER'S MAIDEN NAME: Mary Berkley

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) | (If Yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT & ADDRESS: M. Virginia Thompson Same as above

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

422.1

IMMEDIATE CAUSE (A) Myocardial degeneration

ANTECEDENT CAUSE (S)

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST

DUE TO (B) Generalized Arteriosclerosis

DUE TO (C)

INTERVAL BETWEEN ONSET AND DEATH

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19A. DATE OF OPERATION:

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☐ NO ☐

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)

21B. PLACE (Home, farm, factory OF INJURY street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY M.

21E. INJURY OCCURRED While at work ☐ Not while at work ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 5-4, 19 55, to 8-4, 19 55, that I last saw the deceased alive on 8-3, 19 55, and that death occurred at M, from the causes and on the date stated above.

SIGNATURE Robert Padgett M.D. ADDRESS Hyattsville Md DATE SIGNED 8-5-55

23. BURIAL, CREMATION, REMOVAL (SPECIFY) Burial | DATE THEREOF Aug 6, 1955. | NAME OF CEMETERY OR CREMATORY Congressional | LOCATION (City, town, or county) Washington, D.C. (State)

DATE REC'D BY LOCAL REGISTRAR 8/6/55 | REGISTRAR'S SIGNATURE John T. Smith

24. FUNERAL DIRECTOR F. Gasch Sons ADDRESS Hyattsville Md

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 08038

8043 **CERTIFICATE OF DEATH** Reg. Dist. No. 242

1. PLACE OF DEATH:
COUNTY Prince Georges MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) X Lanham
LENGTH OF STAY (in this place) 2 mons.
HOSPITAL OR INSTITUTION OR STREET ADDRESS 7726 Finn's Lane

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Prince Georges
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Lanham X
STREET ADDRESS (If rural give location) 7726 Finn's Lane

3. NAME OF DECEASED: (Type or Print) (First) CLARENCE (Middle) EDWARD (Last) TAYLOR

4. DATE OF DEATH: (Month) August (Day) 6th, (Year) 1955

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify): Married

8. DATE OF BIRTH: Sept. 23rd, 1898

9. AGE last birthday: 56 yrs. IF UNDER 1 YEAR: Months Days IF UNDER 24 HRS.: Hours Mln.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Electrician

10B. KIND OF BUSINESS OR INDUSTRY: U.S.Gov't

11. BIRTHPLACE (State or foreign country): Baltimore, Md.

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Richard E. Taylor

14. MOTHER'S MAIDEN NAME. Alice Kate Langford

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service) None

16. SOCIAL SECURITY NO. 212-01-2661

17. INFORMANT & ADDRESS: Mrs. Edna K. Taylor, 7726 Finn's Lane Lanham, Md.

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

IMMEDIATE CAUSE (A) DUE TO: Myocardial Failure — 1 week

ANTECEDENT CAUSE (S) DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST.
(B) DUE TO: Carcinoma of Lung
(C)

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19A. DATE OF OPERATION: May 1955

19B. MAJOR FINDINGS OF OPERATION: advanced Carcinoma left lung.

20. AUTOPSY? YES ☐ NO ☑

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)

21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)

21C WHERE DID INJURY OCCUR? (City or town) (County) (State)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) M.

21E. INJURY OCCURRED While at work ☐ Not while at work ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 7.31, 19 55 to 8 6, 19 55, that I last saw the deceased alive on 8 6, 19 55 and that death occurred at 7:15 P.M, from the causes and on the date stated above.

SIGNATURE Glen O Larsen Jr M.D. ADDRESS 4000 Bladensburg Rd DATE SIGNED 8-6-55

23. BURIAL, CREMATION, REMOVAL (SPECIFY): Burial
DATE THEREOF: Aug. 10/1955
NAME OF CEMETERY OR CREMATORY: Cedar Hill Cemetery
LOCATION (City, town, or county) (State): Suitland, Pr.Geo.Co., Md.

DATE REC'D BY LOCAL REGISTRAR: Aug 9. 1955
REGISTRAR'S SIGNATURE: Carrie F. Campbell

24. FUNERAL DIRECTOR: W.W.Chambers Company
ADDRESS: Riverdale, Md.

VS. A15—10-53

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 08039

8016 **CERTIFICATE OF DEATH** Reg. Dist. No. 230

1. PLACE OF DEATH: COUNTY Prince Georges MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Greenbelt
LENGTH OF STAY (in this place) 1 week
HOSPITAL OR INSTITUTION OR STREET ADDRESS G. L. Ridge Road

2 USUAL RESIDENCE (HOME) OF DECEASED: STATE Pa COUNTY Allegheny
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Pittsburg 75 X ?
STREET ADDRESS (If rural give location) 901-S. Braddock St

3. NAME OF DECEASED (Type or Print): (First) FRANCES (Middle) SHORT (Last) TAYLOR
4. DATE OF DEATH (Month) Aug (Day) 28, (Year) 1955
5. SEX: Female
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Widowed
8. DATE OF BIRTH: Oct 27-1876
9. AGE last birthday: 78 yrs
IF UNDER 1 YEAR: Months / Days
IF UNDER 24 HRS.: Hours / Min.

10A USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife
10B KIND OF BUSINESS OR INDUSTRY: Own Home
11. BIRTHPLACE (State or foreign country): Pennsylvania
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Joseph Short
14 MOTHER'S MAIDEN NAME: Katherine Edwards

15 WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.): No (If Yes, give war or dates of service)
16 SOCIAL SECURITY NO.: —
17. INFORMANT & ADDRESS: Mrs. Edna Campbell, Greenbelt, Md

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
IMMEDIATE CAUSE (A)	Coronary Thrombosis	1 hr.
ANTECEDENT CAUSE (B) DUE TO	Coronary heart disease	3 years
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST (C) DUE TO	Generalized arteriosclerosis	5 years

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19A DATE OF OPERATION:
19B. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☐

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)
21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.
21C WHERE DID INJURY OCCUR? (City or town) (County) (State)
21D. TIME OF INJURY (Month) (Day) (Year) (Hour) M.
21E INJURY OCCURRED While at work ☐ Not while at work ☐
21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 8-26, 1955, to 8-28, 1955, that I last saw the deceased alive on 8-26, 1955, and that death occurred at M, from the causes and on the date stated above.
SIGNATURE Hans Woodka
M. D. ADDRESS 30-C Ridge Rd. Greenbelt, Md DATE SIGNED 8-28-55

23. BURIAL, CREMATION, REMOVAL (Specify): transportation
DATE THEREOF: Aug 28, 1955
NAME OF CEMETERY OR CREMATORY: Pittsburg
LOCATION (City, town, or county) (State): Pennsylvania

DATE REC'D BY LOCAL REGISTRAR: Aug 28, 1955
REGISTRAR'S SIGNATURE: John D. Smith
24 FUNERAL DIRECTOR: F. Gracha Sons
ADDRESS: Hyattsville Md

VS. A15—10-53

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 08040

7971

CERTIFICATE OF DEATH

Reg. Dist. No. 245

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15—10-53

1. PLACE OF DEATH:
COUNTY Prince Georges MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) HYATTSVILLE MD
LENGTH OF STAY (in this place) 3 YRS
HOSPITAL OR INSTITUTION OR STREET ADDRESS 805 Queen Chapel Rd.

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE VA COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN ALEXANDRIA
STREET ADDRESS (If rural give location) RT 6. Box 595

3. NAME OF DECEASED: (Type or Print) (First) VERONICA (Middle) MARY (Last) TEGETHOFF

4. DATE OF DEATH. (Month) AUG (Day) 15 (Year) 1955

5. SEX FEMALE

6. COLOR OR RACE: WHITE

7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify): SINGLE

8. DATE OF BIRTH: MAY 8 1817

9. AGE last birthday: 85 yrs. IF UNDER 1 YEAR Months 3 Days 7 IF UNDER 24 HRS Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): CLERK

10B. KIND OF BUSINESS OR INDUSTRY: U.S. GOVT.

11. BIRTHPLACE (State or foreign country): RICHMOND VA.

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME ANTHONY TEGETHOFF

14. MOTHER'S MAIDEN NAME LAURA V. EMBICK

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) NO (If Yes, give war or dates of service) NO

16. SOCIAL SECURITY NO.

17. INFORMANT & ADDRESS: HOME RECORDS SACRED HEART HOME [illegible] HAT RD.

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
332X IMMEDIATE CAUSE	(A) Cerebral Thrombosis	2 mths.
ANTECEDENT CAUSE (S)	DUE TO	
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST	(B) Generalized arteriosclerosis DUE TO	10 yrs.
	(C)	

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19A. DATE OF OPERATION: 19B. MAJOR FINDINGS OF OPERATION 20. AUTOPSY? YES ☐ NO ☒

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 21B. PLACE (Home, farm, factory OF INJURY street, office bldg., etc.) 21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) M. 21E. INJURY OCCURRED While at work ☐ Not while at work ☐ 21F. HOW DID INJURY Ooccur?

22. I hereby certify that I attended the deceased from Jul 4, 1955, to 15 Aug, 1955, that I last saw the deceased alive on 11 Aug, 1955, and that death occurred at 4P M, from the causes and on the date stated above.

SIGNATURE Thomas J. Mahoney, M.D. M.D. ADDRESS 4814-71 Ave. Hyattsville Md DATE SIGNED 12 Aug 55

23. BURIAL, CREMATION, REMOVAL (SPECIFY) BURIAL DATE THEREOF Aug 17 1955 NAME OF CEMETERY OR CREMATORY Mt Olivet Cemetery LOCATION (City, town, or county) Washington D.C. (State)

DATE REC'D BY LOCAL REGISTRAR Aug. 15 1955 REGISTRAR'S SIGNATURE Mrs [illegible]

24. FUNERAL DIRECTOR S.H. Hines Co ADDRESS 2001 14½ ST N.W D.C.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 08041

CERTIFICATE OF DEATH

7975

Reg. Dist. No. 2345

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

1. PLACE OF DEATH: COUNTY Prince Georges MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Mt Rainier
LENGTH OF STAY (In this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Pr. Georges
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Mt Rainier
STREET ADDRESS (If rural give location) 3115 Arundel Rd.

3. NAME OF DECEASED: (Type or Print) (First) JOHN (Middle) H. (Last) VITTUM

4. DATE OF DEATH: (Month) Aug (Day) 26 (Year) 1955

5. SEX: Male | 6. COLOR OR RACE: White | 7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify): Married | 8. DATE OF BIRTH: June 4 1889 | 9. AGE last birthday: 66 yrs | IF UNDER 1 YEAR: Months, Days | IF UNDER 24 HRS.: Hours, Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Foreman | 10B. KIND OF BUSINESS OR INDUSTRY: Sanitation District Hort. | 11. BIRTHPLACE (State or foreign country): New. Hampshire | 12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Horatio H Vittum | 14. MOTHER'S MAIDEN NAME: Scales

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) Yes (If Yes, give war or dates of service) 1918 | 16. SOCIAL SECURITY NO. None | 17. INFORMANT & ADDRESS: Helen Vittum wife

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

IMMEDIATE CAUSE (A) Myocardial infarct — INTERVAL BETWEEN ONSET AND DEATH: 3 hrs

ANTECEDENT CAUSE (S) DUE TO (B) Coronary sclerosis

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. DUE TO (C)

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19A. DATE OF OPERATION: | 19B. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? YES ☐ NO ☑

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) | 21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.) | 21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) M. | 21E. INJURY OCCURRED While at work ☐ Not while at work ☐ | 21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Aug. 22 19 55, to Aug. 26 19 55 that I last saw the deceased alive on Aug. 26, 19 55, and that death occurred at 8:45 P.M., from the causes and on the date stated above.

SIGNATURE Donald A. Boatright M.D. ADDRESS 2303 Queens Chapel Rd, Mt Rainier, Md DATE SIGNED 8-26-55

23. BURIAL, CREMATION, REMOVAL (SPECIFY) Burial | DATE THEREOF Aug 30, 1955 | NAME OF CEMETERY OR CREMATORY Arlington Natl | LOCATION (City, town, or county) (State) Arlington, Va

DATE REC'D BY LOCAL REGISTRAR 8/29/55 | REGISTRAR'S SIGNATURE Mrs. [illegible] Deputy | 24. FUNERAL DIRECTOR J. Wm Lee Sons Co. | ADDRESS Wash., D.C.

VS. A15 — 10 - 53

MARYLAND STATE DEPARTMENT OF HEALTH

08042

7972

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 245

Item 9 FilmG186 9-8-55 et

1. PLACE OF DEATH
COUNTY [illegible] MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN [illegible]
LENGTH OF STAY (in this place) [illegible]
HOSPITAL OR INSTITUTION OR STREET ADDRESS Sacred Heart Home

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE [illegible] COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN [illegible]
STREET ADDRESS (If rural, give location) [illegible] Queen Chapel Post

3. NAME OF DECEASED (Type or Print) (First) (Middle) (Last)

4. DATE OF DEATH (Month) (Day) (Year) 19

5. SEX [illegible]e

6. COLOR OR RACE [illegible]hite

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Single

8. DATE OF BIRTH [illegible]

9. AGE last birthday 78 // yrs. If under 1 year Months Days If under 24 hrs. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

10b. KIND OF BUSINESS OR INDUSTRY [illegible]

11. BIRTHPLACE (State or foreign country)

12. CITIZEN OF WHAT COUNTRY? V

13. FATHER'S NAME [illegible]

14. MOTHER'S MAIDEN NAME [illegible]

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT AND ADDRESS Sacred Heart Home Brooklyn

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

420.1 Immediate cause (a) Acute Myocardial Infarction — Interval Between Onset and Death: 48 hrs.

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Generalized Arteriosclerosis — 10 yrs.

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Jul 1, 1955 to Aug 29, 1955 that I last saw the deceased alive on 29 Aug., 1955, and that death occurred at 3:30 P.m., from the causes and on the date stated above.

SIGNATURE Thomas J Maloney M.D. (Degree or title) ADDRESS DATE SIGNED 29 Aug 55.

23. BURIAL, CREMATION, REMOVAL (Specify) DATE THEREOF NAME OF CEMETERY OR CREMATORY LOCATION (City, town, or county) (State)

DATE REC'D BY LOCAL REG. Aug 30 1955 REGISTRAR'S SIGNATURE James Devey

24. FUNERAL DIRECTOR Francis J Collins ADDRESS 3821-14th St. N.W. Wash. D.C.

VS. A15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 8617 [illegible]

CERTIFICATE OF DEATH

Items 11,12,13,14, Film3183 8-24-55 bh

Reg. Dist. No. 2402

1. PLACE OF DEATH — COUNTY: Prince George's — MARYLAND — CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town): Cheverly, Maryland — LENGTH OF STAY (in this place): [illegible]

HOSPITAL OR INSTITUTION OR STREET ADDRESS: Prince George's Gen. Hosp.

2. USUAL RESIDENCE (HOME) OF DECEASED — STATE: Maryland — COUNTY: [illegible] — CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town): 1327 Ridge Place S.E. — STREET ADDRESS (If rural give location): Washington, D. C.

3. NAME OF DECEASED: (Type or Print) First: Annie (Middle): [illegible] (Last): Mott

4. DATE OF DEATH: (Month) Aug. (Day) 18, (Year) 1955

5. SEX: F — 6. COLOR OR RACE: W — 7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify): [illegible] — 8. DATE OF BIRTH: 6/21/89 — 9. AGE last birthday: 66 yrs — IF UNDER 1 YEAR: Months [illegible] Days [illegible] — IF UNDER 24 HRS.: Hours [illegible] Min. [illegible]

10A. USUAL OCCUPATION (Give kind of work done during most of working life even if retired): [illegible] — 10B. KIND OF BUSINESS OR INDUSTRY: [illegible] — 11. BIRTHPLACE (State or foreign country): D. C. — 12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Ed Charles Taggett — 14. MOTHER'S MAIDEN NAME: Johanna Dohres

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) [illegible] (If Yes, give war or dates of service) [illegible] — 16. SOCIAL SECURITY NO. [illegible] — 17. INFORMANT & ADDRESS: F. Lee, Lee Funeral Home

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

170x

IMMEDIATE CAUSE (A) Generalized carcinomatosis — INTERVAL BETWEEN ONSET AND DEATH: [illegible]

ANTECEDENT CAUSE (B) DUE TO Hepatic involvement

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST (B) DUE TO Carcinoma left breast — 18 mos.

(C) Metastasis base right lung

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19A. DATE OF OPERATION: [illegible] — 19B. MAJOR FINDINGS OF OPERATION: [illegible] — 20. AUTOPSY? YES ☐ NO ☒

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) — 21B. PLACE (Home, farm, factory OF INJURY street, office bldg., etc) — 21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) M. — 21E. INJURY OCCURRED While at work ☐ Not while at work ☐ — 21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from February, 1955 to 8/18, 1955, that I last saw the deceased alive on 8/18, 1955, and that death occurred at 12:55 M, from the causes and on the date stated above.

SIGNATURE: Geo. Magruder — ADDRESS: 317-38 Lee Cottage City Md. — DATE SIGNED: 8/18/55

M.D.

23. BURIAL, CREMATION, REMOVAL (SPECIFY): Burial — DATE THEREOF: 8/22/55 — NAME OF CEMETERY OR CREMATORY: Cedar Hill — LOCATION (City, town, or county) (State): Suitland Md.

DATE REC'D BY LOCAL REGISTRAR: 8-19-55 — REGISTRAR'S SIGNATURE: Carrie F. Campbell — 24. FUNERAL DIRECTOR: Lee F. Home — ADDRESS: Hyattsville

VS. A15—10-53

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

8913

CERTIFICATE OF DEATH

Reg. Dist. No. 08044 231

1. PLACE OF DEATH: COUNTY Prince Georges MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Cheverly
LENGTH OF STAY (in this place) 9 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS Prince Georges General

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Prince Georges
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Brentwood
STREET ADDRESS (If rural give location) 4403 - 34th St

3. NAME OF DECEASED (Type or Print): (First) Frank (Middle) H. (Last) Wilds Sr.

4. DATE OF DEATH: (Month) Aug (Day) 18 (Year) 1955

5. SEX: M | 6. COLOR OR RACE: W | 7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify): M | 8. DATE OF BIRTH: Aug. 11, 1885 | 9. AGE last birthday: 70 yrs | IF UNDER 1 YEAR: Months / Days | IF UNDER 24 Hrs.: Hours / Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Crane Operator | 10B. KIND OF BUSINESS OR INDUSTRY: Navy Yard, Wash. D.C. | 11. BIRTHPLACE (State or foreign country): Alabama | 12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: William Henry Wilds

14. MOTHER'S MAIDEN NAME: Frances Hamner

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.): yes | If Yes, give war or dates of service: 1914-to 1920 | 16. SOCIAL SECURITY NO.

17. INFORMANT & ADDRESS: Frank H. Wilds Jr. Mt. Rainier 4403 - 34th St

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
IMMEDIATE CAUSE 527.1	(A) Congestive Heart Failure	1 week
ANTECEDENT CAUSE (S): DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST.	(B) DUE TO Pulmonary Emphysema	6 years
	(C) DUE TO	

II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH. Carcinoma of Prostate c bone metastases 6 months

19A. DATE OF OPERATION: March 1955 | 19B. MAJOR FINDINGS OF OPERATION: Carcinoma of Prostate c bone metastases | 20. AUTOPSY? YES [X] NO [ ]

21A. ACCIDENT WAS UNDERLYING [ ] OR CONTRIBUTING [ ] CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) | 21B. PLACE OF INJURY (Home, farm, factory street, office bldg., etc.) | 21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) M. | 21E. INJURY OCCURRED While at work [ ] Not while at work [ ] | 21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 8/10, 1955, to 8/18, 1955, that I last saw the deceased alive on 8/17, 19--, and that death occurred at 8:30 P.M. from the causes and on the date stated above.
SIGNATURE [signature] M.D. ADDRESS 5440 Silver Hill Rd DATE SIGNED 8/20/55

23. BURIAL, CREMATION, REMOVAL (SPECIFY): Burial | DATE THEREOF: 8/22/55 | NAME OF CEMETERY OR CREMATORY: Arlington National | LOCATION (City, town, or county) (State): Arlington Va.

DATE REC'D BY LOCAL REGISTRAR: Aug 21 1955 | REGISTRAR'S SIGNATURE: Amanda Downey | 24. FUNERAL DIRECTOR: Matthew Funeral Home, Inc. | ADDRESS: 3200 R. I. Ave. Mt. Rainier Md.

VS. A15 — 10 - 52

MARGIN RESERVED FOR BINDING

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 08045

Items 8,9,Filmg186 9-19-55 et 8:19

CERTIFICATE OF DEATH

Reg. Dist. No. 231

1. PLACE OF DEATH:
COUNTY Prince George MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Cheverly
LENGTH OF STAY (in this place) 22 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS Prince Geo. Gen Hosp

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Prince George
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN West Lanham
STREET ADDRESS (If rural give location) 7701- Emerson Rd.

3. NAME OF DECEASED: (Type or Print) (First) Margaret (Middle) F (Last) Wills.

4. DATE OF DEATH: (Month) Aug (Day) 27 (Year) 1955

5. SEX: Female | 6. COLOR OR RACE: White | 7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify) Married | 8. DATE OF BIRTH: 6 Dec 1894? | 9. AGE last birthday 60 Y 8 M 21 D yrs. | IF UNDER 1 YEAR Months Days | IF UNDER 24 HRS. Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife
10B. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): W. Virginia
12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: unknown
14. MOTHER'S MAIDEN NAME: unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT & ADDRESS: Hospital Records

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

463 X

IMMEDIATE CAUSE (A) Pulmonary embolism — INTERVAL BETWEEN ONSET AND DEATH

ANTECEDENT CAUSE (B) DUE TO

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. (B) Phlebitis of legs

(C) DUE TO

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH. Carcinoma Colon

19A. DATE OF OPERATION:
19B. MAJOR FINDINGS OF OPERATION: Carcinoma & polyps Colon
20. AUTOPSY? YES ☑ NO ☐

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)
21B. PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY
21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) M.
21E. INJURY OCCURRED While at work ☐ Not while at work ☐
21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 8/6, 1955, to 8/26, 1955, that I last saw the deceased alive on 8/26, 1955, and that death occurred at 1:30 A M, from the causes and on the date stated above.

SIGNATURE James R. Goodson, M.D. ADDRESS 1746 K St N.W. Wash. D.C. DATE SIGNED 8/27/55

23. BURIAL, CREMATION, REMOVAL (SPECIFY) Burial | DATE THEREOF 8/30/55 | NAME OF CEMETERY OR CREMATORY Fort Lincoln | LOCATION (City, town, or county) (State) Colmar Manor, Md.

DATE REC'D BY LOCAL REGISTRAR Aug 30, 1955 | REGISTRAR'S SIGNATURE Mrs. Jas. Devereux Deputy | 24. FUNERAL DIRECTOR AND ADDRESS Hallig Funeral Home, Inc. 3200-R.I. Ave. Mt. Rainier, Md.

VS. A15 — 10-55 9/2/55

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

8520

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

08046 Reg. Dist.

MEDICAL EXAMINER'S CERTIFICATE OF DEATH No. 231

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15A - 5 - 53

1. PLACE OF DEATH:
COUNTY Prince Georges — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Cheverly
LENGTH OF STAY (in this place) 20 min.
HOSPITAL OR INSTITUTION OR STREET ADDRESS Prince Georges Gen. Hosp.

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Md. COUNTY Prince Georges
CITY (If outside corporate limits write RURAL and give nearest town) OR TOWN Hyattsville 15
STREET ADDRESS 4710 - R. I. Ave.. (If rural, give location) 1

3. NAME OF DECEASED: (Type or Print) (First) Sherri (Middle) Michelle (Last) Woodruff.

4. DATE OF DEATH (Month) (Day) (Year) 8 - 10 - 1955

5. SEX: Female

6. COLOR OR RACE: Colo

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Sing

8. DATE OF BIRTH: 7-19-55

9. AGE last birthday: yrs. 3mo 21d — IF UNDER 1 YEAR Months Days — IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of work life, even if retired):

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Maryland

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Reginald Carter

14. MOTHER'S MAIDEN NAME: Julia Woodruff.

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)

16. SOCIAL SECURITY No.:

17. INFORMANT & ADDRESS: Mother - Same address.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH: — INTERVAL BETWEEN ONSET AND DEATH

763.0
Immediate cause (a) Broncho-pneumonia
DUE TO
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last (b) Congenital heart disease
DUE TO
(c)

II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19a. DATE OF OPERATION:

19b. MAJOR FINDING OF OPERATION:

20. AUTOPSY? Yes ☒ No ☐

21a. EXTERNAL CAUSE WAS PRIMARY ☐ or CONTRIBUTING ☐ CAUSE OF DEATH.

21b. PLACE (Home, farm, factory, OF street, office bldg., etc., INJURY

21c. (City or town) (County) (State)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) M.

21e. INJURY OCCURRED While at work ☐ Not while at work ☐

21f. HOW DID INJURY OCCUR?

22. I hereby certify that I took charge of the remains described above, held an Autopsy ☒, Inspection ☒, Inquiry ☒, and find that death resulted from: Natural causes ☒, Accident ☐, Suicide ☐, Homicide ☐, Undetermined cause ☐.

SIGNATURE John D. Maloney (Hyattsville, Md) M. D.
CHIEF MEDICAL EXAMINER ☐
DEPUTY MEDICAL EXAMINER ☒
ASSISTANT MEDICAL EXAM. ☐
DATE SIGNED 8-10-55

23. BURIAL, CREMATION, REMOVAL (Specify): Burial — DATE THEREOF 8/12/55 — NAME OF CEMETERY OR CREMATORY Woodlawn Mem. — LOCATION (City, town, or county) (State) Washington, D.C.

DATE REC'D BY LOCAL REG. 8/11/55 — REGISTRAR'S SIGNATURE Amanda Downey

24. FUNERAL DIRECTOR J T Lowar — ADDRESS Wash. D.C.

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